

DELAWARE CITY SCHOOLSSTUDENT INJURY FORM

Injured's Name _____ Age _____ Grade _____ Teacher _____

School _____

Address _____ City _____ State _____ ZIP _____

Where did the accident occur? _____ Date _____

recess pe bar area play structure swings
 slide parallel bars jungle gym grass blacktop sandbox
 chin up bars climber other _____

Injury occurred when playing: self playmate group other

Time _____ a.m./p.m.

Describe how the accident occurred _____

Who was the person in charge at the time of the accident? _____

Was s/he present? _____

Did the injury violate any school rules? _____ Has student been previously warned regarding rule broken? _____

Witnesses _____

Apparent Nature of Injured

abrasion fracture strain/sprain head finger arm abdomen
 contusion cut dislocation neck eye leg hand
 internal concussion back chest face foot
 Other _____

First Aid Procedures Used _____ By Whom _____

Disposition of injured after the accident

 class home doctor hospital other

Who was notified? _____ Relationship to injured? _____

If injured left school, to whom released? _____

Remarks _____

Report completed by _____

Date of report _____