

DELAWARE CITY SCHOOLS

STUDENT INJURY FORM

Injured's Name _____ Age _____ Grade _____ Teacher _____

School _____

Address _____ City _____ State _____ ZIP _____

Where did the accident occur? _____ Date _____

- | | | | | |
|---------------------------------------|--|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> recess | <input type="checkbox"/> pe | <input type="checkbox"/> bar area | <input type="checkbox"/> play structure | <input type="checkbox"/> swings |
| <input type="checkbox"/> slide | <input type="checkbox"/> parallel bars | <input type="checkbox"/> jungle gym | <input type="checkbox"/> grass | <input type="checkbox"/> blacktop |
| <input type="checkbox"/> chin up bars | <input type="checkbox"/> climber | <input type="checkbox"/> other _____ | | <input type="checkbox"/> sandbox |

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

- | | | | | | | |
|--------------------------------------|-------------------------------------|--|--------------------------------|---------------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> abrasion | <input type="checkbox"/> fracture | <input type="checkbox"/> strain/sprain | <input type="checkbox"/> head | <input type="checkbox"/> finger | <input type="checkbox"/> arm | <input type="checkbox"/> abdomen |
| <input type="checkbox"/> contusion | <input type="checkbox"/> cut | <input type="checkbox"/> dislocation | <input type="checkbox"/> neck | <input type="checkbox"/> eye | <input type="checkbox"/> leg | <input type="checkbox"/> hand |
| <input type="checkbox"/> internal | <input type="checkbox"/> concussion | <input type="checkbox"/> back | <input type="checkbox"/> chest | <input type="checkbox"/> face | <input type="checkbox"/> foot | |
| <input type="checkbox"/> 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 _____