

NEWMARKET SCHOOL DISTRICT

Student Injury Report

Student: _____ DOB: _____ Gender: ____ School #: ____ Grade: _____

Last

First

MI

Street Address _____

Date of Injury: _____ Time of Injury: _____

City _____

State _____

Zip _____

Date Reported: _____

Parent/Guardian: _____ Home #: _____ Work #: _____ Cell #: _____

Injury Type

- | | |
|---|---|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Crush Wound |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Laceration/Cut |
| <input type="checkbox"/> Bite | <input type="checkbox"/> Puncture Wound |
| <input type="checkbox"/> Bruise/Contusion | <input type="checkbox"/> To Be Determined |
| <input type="checkbox"/> ? Sprain/Strain | <input type="checkbox"/> ? Dislocation |
| <input type="checkbox"/> ? Fracture | |

Treatment

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Ice | <input type="checkbox"/> Pressure |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Rest |
| <input type="checkbox"/> Elevation | <input type="checkbox"/> Splint |
| <input type="checkbox"/> Cold Compress/Ice | <input type="checkbox"/> Wound Care |

Part of Body Injured

Head:

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Skull | <input type="checkbox"/> Scalp |
| <input type="checkbox"/> Eye R / L | <input type="checkbox"/> Ear R / L |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Mouth / Lips |
| <input type="checkbox"/> Teeth | <input type="checkbox"/> Gums |
| <input type="checkbox"/> Face | <input type="checkbox"/> Jaw |
| <input type="checkbox"/> Chin | <input type="checkbox"/> Neck |

Trunk:

- | |
|--|
| <input type="checkbox"/> Back |
| <input type="checkbox"/> Chest / Ribs |
| <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Groin |
| <input type="checkbox"/> Buttocks |
| <input type="checkbox"/> Genitals / Rectum |

Arms:

- | |
|---|
| <input type="checkbox"/> Shoulder R / L |
| <input type="checkbox"/> Upper Arm R / L |
| <input type="checkbox"/> Elbow R / L |
| <input type="checkbox"/> Forearm R / L |
| <input type="checkbox"/> Wrist R / L |
| <input type="checkbox"/> Hand R / L |
| <input type="checkbox"/> Finger R / L _____ |

Legs:

- | |
|--|
| <input type="checkbox"/> Pelvis / Hip |
| <input type="checkbox"/> Leg R / L |
| <input type="checkbox"/> Knee R / L |
| <input type="checkbox"/> Ankle R / L |
| <input type="checkbox"/> Foot R / L |
| <input type="checkbox"/> Toe R / L _____ |

Action Taken (Mark all that apply)

- | | Date: | Time: | Initials: |
|--|-------|-------|-----------|
| <input type="checkbox"/> Parent/Guardian Notified | _____ | _____ | _____ |
| <input type="checkbox"/> Unable to contact Parent/Grd. | _____ | _____ | _____ |
| <input type="checkbox"/> Administration Notified | _____ | _____ | _____ |
| <input type="checkbox"/> Police Notified | _____ | _____ | _____ |

- First Aid Administered _____
- Checked by School Nurse _____
- Checked by Paramedics/EMS _____
- Remained In/Returned to Class _____
- Sent/Taken Home _____
- Taken to Physician _____
- Taken to Emergency Facility _____
- Other: _____

Narrative: _____

X _____

Signature of Person Completing Report

Name: _____

Date: _____

Title: _____

School Phone: (603) _____

FAX: (603) _____

Newmarket School District Student Injury Report

Student: _____ Date of Report: _____ Time of Report: _____

Additional Description of Incident

Period

- After School (Authorized) Lunch
- After School (Unauthorized) Lunch Recess
- Assembly Phys. Ed. Class
- Before School (Authorized) Recess
- Before School (Unauthorized) Unauthorized
- Class Change _____ Other _____
- Class Time _____

Field Trip _____ **Incident Location**

- Athletic Field Lab
- Auditorium/Multi Lockers
- Basketball Court Lunchroom
- Bathroom/Shower Off School Prop
- Bus Loading Area Parking Area
- Classroom Playground
- Corridor Pool
- Driveway School Bus
- Gymnasium Shop/Indus. Arts

X _____
Signature

Title
Faculty/Staff On Duty/Present At Incident:

Name: _____ Title: _____ School Phone: (603) _____

Name: _____ Title: _____ School Phone: (603) _____

Other Witnesses: None

Statements/Comments: None _____

X _____
Principal's Office:

X _____
Signature Date

Name(print) Title

Superintendent's Office:

X _____
Signature Date

Name(print) Title

Signature Title Date