## NEWMARKET SCHOOL DISTRICT

)		Stud	dent I	njury Report			
Student:	,			DOB: Ger	nder:	School #:	Grade:
	Last	First	MI	Data of Internet		т. ет	
Street Addr	ess			Date of Injury: Time of Injury:			
City		Cr. A	77.	Date Reported:			
		State	•				
Parent/G	uardian:			Home #:	_ Work #:		Cell #:
Injury Ty	_						
□ Abrasion		□ Crush Wound					
☐ Amputati	on	☐ Laceration/Cut					
□ Bite		□ Puncture Wound					
□ Bruise/Co		□ To Be Determined					
		cation 🗌 ? Fracture					
Treatme	<u>nt</u>						
\ce		□ Pressure					
⊔ Dressing		□ Rest					
☐ Elevation		□ Splint					
□ Cold Com	press/ice	□ Wound Care					
		I	Part of I	Body Injured			
Head:		Trunk:		Arms:	L	egs:	
□ Skull	□ Scalp	□ Back		□ Shoulder R / L		Pelvis / Hip	
□ Eye R/L	□ Ear R/L	□ Chest / Ribs		□ Upper Arm R / L		Leg R/L	
□ Nose	$\square$ Mouth / Lips	□ Abdomen		□ Elbow R / L		Knee R / L	
□ Teeth	$\square$ Gums	□ Groin		$\Box$ Forearm R / L		Ankle R / L	
□ Face	□ Jaw	□ Buttocks		$\square$ Wrist R / L		Foot R / L	
□ Chin	□ Neck	□ Genitals / Rectum		$\square$ Hand R / L		Toe R / L	
				□ Finger R / L			
W							
Action Ta	ken(Mark all th	at apply)					
		Date: T	ime: Initi	als:			
Y	ardian Notified						
	contact Parent/G	rd					
☐ Administr	ation Notified		_				

☐ First Aid Admir	istered							
□ Checked by Sch								
□ Checked by Par								
□ Remained In/Re			-					
Sent/Taken Hon				-				
□ Taken to Physic			-					
☐ Taken to Emerg								
Other:			-	-				
Narrative: _								
X					Date			
	son Completing R				Daver			
Name:					Title			
hool Phone:	(603)				FAX:	(603)		
Newmarket	School Dietr	ict St	udont	Ininev l	Donart			
Newmarket	SCHOOL DIST	ici Si	uuent	injury i	xeport			
Student:				Date	of Report:		_ Time of Rep	ort:
· ·					Ť )#			<del></del>
			4.1.1		a 115(	ex		
			Add	tional De	scription o	Tincident		
					Period			
☐ After School	□ Lunch							
(Authorized)								
☐ After School (Unauthorized)	☐ Lunch Recess							
☐ Assembly	□ Phys. Ed. Clas	S						
☐ Before School (Authorized)	□ Recess							
□ Before School	□ Unauthorized □ Other							
(Unauthorized)  Class Change								
☐ Class Time								
□Field Trip	Incident Location							
Athletic Field	□ Lab							
ditorium/Multi	□ Lockers							
Jaketball Court Bathroom/Shower	☐ Lunchroom☐ Off School Pro	m						
Bus Loading Area	□ Parking Area	h						
Classroom	□ Playground							
Corridor Driveway	□ Pool □ School Bus							
Gymnasium	☐ Shop/Indus. Ar	rts						

Home Economics	Other				
Did Injury Involve Stair	rs/Steps? Y/N:				
	_	L	ncident Ty	<u>rpe</u>	
Assault/Fight	Motor Veh Crash	Intentional Y	//N Unde	etermined	
	Pedestrian				
arn _Chemical D	Poisoning				
		ooting orts Related			
Collision-Object	Stabbing				
☐ Collision-Person ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Drown/Nearly				
] Fall < 5' □	Other Trauma:				
Fall 5-10' Fall > 10'					
		Activity Duri	ng Which	Injury Occurred	
□ Adventure/Ropes	□ Football			Rocks/Snowballs	
<ul> <li>□ Baseball/Softball</li> <li>□ Basketball</li> </ul>	<ul><li>☐ Gym/Tumbling</li><li>☐ Hockey(Field/</li></ul>	_	☐ Track & F☐ Volleyball		
□ Bicycling	Floor/Ice)	☐ Skiing	□ Walking	L	
<ul><li>□ Classroom Activity</li><li>□ Climbing/Bars</li></ul>	☐ Ice Skating	□ Sliding	□ Weight Tr		
□ Dancing	<ul><li>☐ Jumping</li><li>☐ Kickball</li></ul>	□ Soccer □ Swimming	<ul><li>□ Wrestling</li><li>□ Other</li></ul>		
□ Dodgeball/War Ball	☐ Lab/Shop Activ	v.   Swinging			
☐ Fight/Roughhouse	□ Lacrosse	□ Tetherball			
		Surface Or	Which In	jury Occurred	
□ Not Relevant	□ Wet □ Dry			□Water	
□Blacktop □Cerami □Brick Wall □Concret		iwn □Mats □Metal	□Sand	□Wood Chips □Snow □Wood	-Treated
'arpet □Dirt	□Ice	Dubbon		□Vinyl/Tile □Wood	
		or Wood	Floor	□Other;	
		Equipmen	nt Involved	l With Injury	
$\square$ Not Relevant	☐ Faulty Equ	ip. 🗆 Equip. Mis		Protect. Equipment Not Relative	
□Balance Beam □G	dlider/Trolley	□Pole Climb	□Swing (Tir	e)	
$\Box$ Bridges $\Box$ H	Horizontal Ladder	□Rope □Slide		□Tetherball □Turn : □3-Level Bars	
_	Platform	□Swing (Reg.)		☐Tire (Crawl)	□Object □Other:
Witness Newstin					
Witness Narrative	2:				
25					
<del></del>					
	(				
<del></del>					
5					

Other Students Involved \_Y \_N \_UNK

X			
Signature			
Title			
Faculty/Staff On Duty/P	resent At Incident:		
ame:		Title:	School Phone: (603)
Name:		Title:	School Phone: (603)
Other Witnesses:   None			
Statements/Comments:	□ None		
X			
Principal's Office:			
X			
Signature	D	ate	
Name(print)	Title		
Superintendent's Office:			
Signature	Date		
Name(print)	Title		
Signature		Title	Date