

# Caldwell County Schools

## INJURY / INCIDENT REPORT FORM

Student
  Employee
  Visitor

**Information (Injured Person)**

Name \_\_\_\_\_ Date of Incident \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Time of Incident \_\_\_\_\_  
 Grade \_\_\_\_\_  Male  Female

**Parent/Guardian Information (If Student)**

Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone # Work \_\_\_\_\_ Home \_\_\_\_\_

**School Information**

School \_\_\_\_\_ Phone # \_\_\_\_\_  
 Principal \_\_\_\_\_

**Location of Incident (check appropriate box(es)):**

Athletic Field  Stairway  Parking Lot  
 Cafeteria  Restroom  Vocation/Shop Lab  
 Classroom  Library  Other (explain): \_\_\_\_\_  
 Gymnasium  Playground  
 Hallway  No Equipment Involved  
 Bus  Equipment Involved (describe) \_\_\_\_\_

**When Did the Incident Occur (check appropriate box(es)):**

Recess  Athletic Practice/Session  Field Trip  
 Lunch  Athletic Team Competition  Unknown  
 P.E. Class  Intramural Competition  Other \_\_\_\_\_  
 In Class (not PE)  Before School  
 Class Change  After School

**Surface (check all that apply):**

Asphalt  Dirt  Lawn/Grass  Wood Chips/Mulch  Gymnasium Floor  
 Carpet  Gravel  Mat(s)  Tile  Other (specify) \_\_\_\_\_  
 Concrete  Ice/Snow  Synthetic Surface

**Type of Injury (check all that apply):**

	Head	Eye	Ear	Nose	Mouth/Lips	Tooth/Teeth	Jaw	Chin	Neck/Throat	Collarbone	Shoulder	Upper Arm	Elbow	Forearm	Wrist	Hand	Finger	Fingernail	Chest/Ribs	Back	Abdomen	Groin	Genitals	Pelvis/Hip	Leg	Knee	Ankle	Foot	Toe
Abrasion/Scrape																													
Bite																													
Bump/Swelling																													
Bruise																													
Burn/Scald																													
Cut/Laceration																													
Dislocation																													
Fracture																													
Paint/Tenderness																													
Puncture																													
Sprain																													
Trauma																													
Other																													

Route form to the School Nurse and Principal for review/signature

**Contributing Factors** (check all that apply):

- Human/Animal Bite
- Collision with Object
- Collision with Person
- Compression/Pinch
- Fall
- Fighting
- Overextension/Twisted
- Foreign Body/Object
- Hit with Thrown Object
- Tripped/Slipped
- Struck by Object (bat, swing, etc)
- Struck by Auto, Bike, etc.
- Contact with Hot or Toxic Substance
- Drug, Alcohol or Other Substance Involved
- Weapon
- Specify \_\_\_\_\_
- Unknown
- Other \_\_\_\_\_

**Description of the Incident:**

\_\_\_\_\_  
\_\_\_\_\_

**Witnesses to the Incident:**

\_\_\_\_\_

- Staff Involved:**
- Teacher
  - Secretary
  - School Resource Officer
  - Nurse
  - Cafeteria
  - Principal
  - Counselor
  - Athletic Trainer
  - Assistant Staff
  - Social Worker
  - Other (specify) \_\_\_\_\_
  - Custodian
  - Coach
  - Bus Driver

**Incident Response** (check all that apply):

- First Aid  
Time \_\_\_\_\_ By Whom \_\_\_\_\_
- Parent/Guardian Notified  
Time \_\_\_\_\_ By Whom \_\_\_\_\_
- Unable to Contact Parent/Guardian  
Time \_\_\_\_\_ By Whom \_\_\_\_\_
- Parents Deemed No Medical Action Necessary
- Returned to Class
- Sent/Taken Home  
Days of School Missed \_\_\_\_\_
- Assessment/Follow-up by School Nurse Date: \_\_\_\_\_  
Action Taken \_\_\_\_\_
- Called 9-1-1
- Taken to Health Care Provider / Clinic/Hospital / Urgent Care / Mobile Crisis Unit  
Diagnosis \_\_\_\_\_  
Days of School Missed \_\_\_\_\_
- Hospitalized  
Diagnosis \_\_\_\_\_  
Days of School Missed \_\_\_\_\_
- Restricted School Activity  
Explain \_\_\_\_\_  
Length of Time Restricted \_\_\_\_\_  
Days of School Missed \_\_\_\_\_
- Other \_\_\_\_\_

**Describe care provided to the student:** \_\_\_\_\_  
\_\_\_\_\_

**Additional Comments/Interpretation:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Staff Member Completing Form:**

\_\_\_\_\_  
Date/time \_\_\_\_\_

Nurse's Signature \_\_\_\_\_ Date/time \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date/time \_\_\_\_\_

**Maintain a copy in student's health record**