CCSD Student Illness/Injury Checklist

Student Name:	**Grade:**	**Date:**	**Time in:**	**Time out:**
Nature of Visit: ☐ **Illness** ☐ **Injury** ☐ **Occurrence**	**Employee Name & Signature:**		**Vital Signs -** ☐ **Temp:** ☐ **Other:**	

Narrative:

☐	Allergy/Hives	☐	Eye Injury/Issue ☐ Right eye ☐ Left eye
☐	Asthma	☐	Fall
☐	Bites	☐	Fever
☐	Bloody Nose	☐	Headache
☐	Body Aches	☐	Illness
☐	Bruise	☐	Incontinence
☐	Burn	☐	Insect/Spider Bite or Sting
☐	Chills	☐	Mental Health Issue
☐	Choking	☐	Nausea/Vomiting
☐	Cold	☐	Not Feeling Well
☐	Congestion/Cough	☐	Pain
☐	Cut/Scrape/Wound	☐	Possible Dislocation/Fracture/Sprain
☐	Dental Issue	☐	Stomachache
☐	Diarrhea	☐	Other:
☐	Difficulty Breathing/Shortness of Breath		
☐	Earache		

Treatment

☐	Ace Wrap/Coban	☐	Emergency Care
☐	Active Listening	☐	Hydration
☐	Band-Aid/Bandage	☐	Cold Compress/Ice Applied
☐	Calming Techniques	☐	Rest
☐	Changed Clothes	☐	Sling/Splint Applied
☐	Cleaned/Dressing Applied	☐	Snack Eaten
☐	Compression	☐	Other:
☐	Elevation		

Disposition & Notification

☐	911/EMS	☐	Parent/ER Contact Notified
☐	Returned to Class	☐	Time Parent/ER Contact Was Notified:
☐	Going Home Per Parent Decision	☐	Unable to Contact Parent/ER Contact
☐	Sent Home w/Parent/ER Contact	☐	Number of Attempts to Contact Parent/ER Contact
☐	Stayed in Office	☐	Other:

*Head injury, diabetes, medication administration and seizures are documented on their own individual CCSD forms/online.