STUDENT INJURY REPORT FORM UTAH DEPARTMENT OF HEALTH VIOLENCE & INJURY PREVENTION PROGRAM

This form is to be completed immediately following the occurrence of any injury that is severe enough to: (a) cause the loss of one-half day or more of school, (b) warrant medical attention and treatment (i.e. school purse M.D. E.R. etc.) and/or require reporting according to School District policy. Additional instructions on back

. Child's Name . Parent's Name . District Name . School Name		me	#########						
DAYS A	ABSEN'	a) Less than 1/2	b) 1/2 c)	ool related to this injury 1 d) 1 1/2 - 2	e) 2 1/2-3	·	nan 3 days, then s	specify #	days
ACTIO	N TAKI	EN: PLEASE CHE	CCK AND COMPLETE A	I. THAT APPLY					
1. □ 2. □ 3. □ 4. □ 5. □ 6. □	l First a l Parent l Unable l Remai l Sent/ta l Parent	id administered or guardian notifi e to contact parent/ ned in or returned aken home	TIME:ed	() am () pm () am () pm () am () pm	Specify	Specify	der/hospital/etc. D	Diagnosis:	
		ed by EMT on staff	•		13. ☐ Other-Specify	~ F y			
B. NATU		INJURY: List the Iore Severe ess Severe	injuries/symptoms incurred 1. Abrasion/Scrape 2. Bump/Bruise/Contusi 3. Burn/Scald 4. Concussion (possible)	5. Cut/Lac on 6. Dislocat 7. Fracture		9. No Pulse/Hea 10. Not Breathin 11. Pain/Tenderr 12. Puncture	g 14. S ness Only 15. S	Shortness of Breath Sprain/Strain/Tear Swelling/Inflammation Other	
. AREA	AFFE	CTED: List area af	fected for each injury/sym	ptom code listed in 13 a					
	7	Iore Severe	HEAD 1. Chin/Cheek 2. Ear 3. Eye 4. Forehead 5. Mouth/Tongue/Lip	6. Neck/Throat 7. Nose 8. Head 9. Tooth/Teeth	10. Stomach 11. Back 12. Buttocks 13. Chest/Ribs 14. Collarbone	15. Genitalia 16. Internal 17. Pelvis/Hip 18. Shoulder	19. Ankle 20. Arm 21. Elbow 22. Finger/T 23. Foot	EXTREMITIES 24. Hand/Wris 25. Knee 26. Leg Thumb 27. Toe	t
5. CONT	$ \begin{bmatrix} 1 \\ 2 \\ 3 \end{bmatrix} $	ING FACTOR: La. Animal bite (dog la. Collision with obj. Compression/Pinc. Contact with equi	ect or person h		, hot liquid or hot objec other substance			13. Unknown 14. Weapon (gun, knife, Specify	etc.)
. PERIC	1 2	t period during which After school Assembly Athletic event (tea	5.	d # in box at left.) Athletic practice sessi Before school Class change	7. Class time 8. Field trip 9. Intramural	1	0. Lunch 1. Lunch recess 2. Recess	13. P. E. class 14. Other	
. SURFA	1 2	ist surface on which Blacktop Carpet Concrete	h injury occurred. (Record 4. Dirt 5. Gravel 6. Ice/Snow	# in box at left.) 7. Lawn/ 8. Mats 9. Sand		ynthetic surface i.e.Tartan surface) ïle	13. Oth	od(waxed) er ar/Wood Chips	
LOCA		List location at who Athletic field Auditorium/Mult Bus loading area Classroom	ipurpose 6. Doorway 7. Gymnas	r/Hall (exclude stairs)	9. Lunchroo 10. Playgroun 11. School bu 12. Shop (Ind	d/Playfield	14. Street/I	lk/Stairs/Ramp Driveway/Parking Area om/Lavatory	
. ACTIV	1 2 3 4 5	List activity during v. Baseball/Softball Basketball Bicycling Classroom activit Climbing Dodge ball/War b	11. Jumping	13. Playing of monkey 14. Riding 15. Running 16. Roughho	bars/big toy/etc.) ousing	19. Sliding on ice 20. Sitting 21. Soccer 22. Standing	24. Throwing rock or snowballs 25. Track and field 26. Volleyball 27. Walking 28. Wrestling		
) FOIII	PMFN1	· Was aguinment	or apparatus involved in i	njury? □ Yes		ES (a) Did equipme		ed annropriately?	Yes □ No
Spec	cify equ	ipment	ir apparatus involved in i						Yes □No

Principal's Signature

Signature of Person Making Report