

Oak Creek-Franklin Joint School District
Student Injury Report
(updated 1.2019 by CBFO)

INSTRUCTIONS:

1. Immediately complete the following for all student accidents as best you can with the information you have at this time.
2. Email a copy of this report to Operations Administrative Assistant. Contact the CBFO if you believe medical attention will be needed.
3. Provide a copy of this report to the student's parent/guardian.
4. Retain the original report in the school office.

Student Name:		Date of Accident:		Time of Accident:	
School:		Grade Level:		Gender: M or F	
				Sent to Health Room? Y or N	
Person in Charge when Accident Happened:			Person in Charge Present at Time of Accident? Y or N		
Parent Contact Made? Y or N		Parent Contacted by Whom?		If NO Parent Contact Made, Emergency Contacts Made:	
Student Taken Home? Y or N		By Whom?		Student Seeking Medical Attention? Y or N	
				Name of Clinic/Hospital?	
Location of Accident:		Nature of Injury:		Anatomical Location:	
<i>Outside</i>		<i>Check all that apply</i>		<i>Check all that apply</i>	
Athletic Field _____	Abrasion _____	Electrical Injury _____	Abdomen _____	Animal _____	_____
Parking Lot _____	Accidental Contact _____	Eye Injury _____	Ankle L or R _____	Chemical _____	_____
Playfield _____	Animal Bite _____	Fall from Elevated Surface _____	Arm L or R _____	Collision _____	_____
Playground Equip _____	Animal Sting _____	Fractured Suspected _____	Back _____	Door _____	_____
School Bus _____	Assault _____	Hit by Foreign Object _____	Chest _____	Drugs _____	_____
School Bus Stop _____	Assault w/weapon _____	Horseplay _____	Collarbone L or R _____	Electrical _____	_____
Sidewalk _____	Athletic Injury (after School) _____	Human Bite _____	Ear L or R _____	Explosion _____	_____
Other: (identify) _____	Athletic Injury (during School) _____	Illness _____	Elbow L or R _____	Fall/Slip _____	_____
<i>Inside</i>	Bio-Hazard _____	Laceration _____	Eye L or R _____	Falling Object _____	_____
Auditorium _____	Exposure _____	Medical Condition _____	Face _____	Fight/Assault _____	_____
Cafeteria _____	Bruise _____	Pulled Muscle _____	Finger L or R _____	Fire _____	_____
Classroom _____	Bump _____	Puncture Wound _____	Foot L or R _____	Foreign Object _____	_____
Foods Lab _____	Burn/Scald _____	Smashed _____	Hand L or R _____	Hot Liquid _____	_____
Gymnasium _____	Chemical Exposure _____	Strain/Sprain _____	Head _____	Kick _____	_____
Hallway _____	Chipped Tooth _____	Struck by Stationary Object _____	Hip L or R _____	Lifting _____	_____
Kitchen _____	Choking _____	Trip/Slip _____	Knee L or R _____	Pencil/Pen _____	_____
Library _____	Concussion Suspected _____	Vocational _____	Leg L or R _____	Poison _____	_____
Locker Room _____	Dislocation _____	Other: (identify) _____	Mouth _____	Running/Jumping _____	_____
Restroom _____	Drowning _____		Neck _____	Thrown Object _____	_____
Science Lab _____			Nose _____	Weapon: (Identify) _____	_____
Stairs _____			Ribs L or R _____	Other: (identify) _____	_____
Tech Ed Lab _____			Shoulder L or R _____		
Other: (identify) _____			Toe L or R _____		
			Tooth _____		
			Wrist L or R _____		
			Other: (identify) _____		
Specify Activity (i.e. football, soccer, PE)		If the accident was the result of machine or equipment failure, specify failure in detail:			

DESCRIPTION OF ACCIDENT:

Verify Action Taken:		Specific Action Taken/By Whom:
First Aid Treatment	Y or N	
Sent to School Nurse	Y or N	
Ambulance Called	Y or N	
Sent to Hospital	Y or N	
No Treatment	Y or N	
Called Parent/Guardian (REQUIRED)	Y or N	
Sent Home	Y or N	
Other: Identify	Y or N	

Witnesses: List all witnesses and attach written statement if taken for each individual	
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Name:	Name:
Address:	Address:
Phone #:	Phone #:

Individual Completing Report: _____

Signature of Individual Completing Report: _____

Principal/Athletic Director Signature: _____