Student Injury Report

*Sonoma County Office of Education* Date of Report:

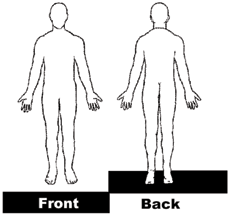
|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: | | | Date of Birth: |
| School/Site: | | | Date of Event: |
| Event Time: | Was this an accident?  Yes  No | | Location on Site Injury Took Place: |
| Name(s) of any adult witnesses: | | | |
| Was an Event Report completed?  Yes  No (If yes, please attach) | | Was a Behavioral Emergency Intervention completed?  Yes  No (If yes, please attach) | |
| Reported By: | | | Site Phone Number: |

Nature of Injury (Please select the corresponding box to the left of the injury nature)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Abrasion |  | Asphyxiation |  | Bite |
|  | Break/Fracture |  | Bruise |  | Burn |
|  | Concussion |  | Cut |  | Dislocation |
|  | Poisoning |  | Puncture |  | Scratch |
|  | Sprain |  |  |  |  |
|  | Other (specify): | | | | |

Part of Body Injured (If applicable, please select corresponding boxes to the left of the body part)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Abdomen |  | Ankle |  | Arm |
|  | Back |  | Chest |  | Ear |
|  | Elbow |  | Eye |  | Face |
|  | Finger |  | Foot |  | Hand |
|  | Head |  | Knee |  | Leg |
|  | Mouth |  | Nose |  | Scalp |
|  | Tooth |  | Wrist |  |  |
|  | Other (specify): | | | | |
| Which side is the injury located on: Left/Front Left/Back Right/Front Right/Back | | | | | |

**Please indicate the site of injury before submitting report**

Student Name:

Description of what took place

|  |
| --- |
|  |

Care/Treatment Given

|  |
| --- |
|  |

Suggested action to prevent this type of injury in the future

|  |
| --- |
|  |

Disposition of Student (Please select the corresponding box to the left of the disposition)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Returned to class |  | Home |  | Hospital |
|  | Emergency Transportation |  | Doctor |  | Suspension |
|  | Other (specify): | | | | |
| Student released to (name and title): | | | | | |

Notifications Made

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position | Date | Time | By (initials) | Method of Contact |
| Site Administrator |  |  |  |  |
| Parent/Guardian |  |  |  |  |
| Care Provider |  |  |  |  |
| Nurse |  |  |  |  |
| Teacher |  |  |  |  |
| Assistant |  |  |  |  |
| Law Enforcement |  |  |  |  |
| Other (specify): |  |  |  |  |

Additional Comments

|  |
| --- |
|  |

Please Sign and Date

|  |  |
| --- | --- |
|  |  |
| Employee: | Date: |
|  |  |
| Principal/Designee: | Date: |

If there are any questions regarding this event please contact the following  and ask to speak with the School Office Coordinator.