

PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT

INJURY REPORT FORM

Complete and submit to the Principal or the School Nurse.

Name of Injured Person: _____ Age/Grade: _____

School: _____ Phone: _____

Name of Person Completing Form: _____ Phone: _____ Date Completed: _____

INJURY INFORMATION:

Injury Date: _____ **Injury Time:** _____ **Place Where Injury Occurred:** _____

Description of Events:

What was the person doing when the injury occurred and how did it occur?

State the part of body affected and how it was affected.

Actions taken:

- ☐ Medical Emergency Response Team called
- ☐ Health Room visit
- ☐ Released
- ☐ Parent/Guardian/Emergency Contact called (Who: _____ Time: _____)
- ☐ School Nurse, ☐ Doctor (Doctor's Name: _____), or ☐ Ambulance called
- ☐ Seen by School Nurse
- ☐ Went home (With Whom: _____ Time: _____)
- ☐ Taken to hospital (By Whom: _____ Time: _____)

What first aid procedures were done?

- ☐ Ice ☐ Other: _____
- ☐ Wound Care _____
- ☐ Rested _____
- ☐ Elevated _____
- ☐ Compression _____

Additional Comments:

Witnesses: _____

Noted:

PRINCIPAL Date: _____

SCHOOL NURSE Date: _____

BUSINESS MANAGER Date: _____