

Caswell County Schools Student Injury Report

Date _____ Time _____ School _____

Name of Student _____ Age _____ Sex _____

Grade _____ Teacher _____

Number of Days Lost from School _____ (include 1/2 days)

First Responder(s) _____

Place Injury Occurred (check)	Nature of Injury (check)	Body Part Injured (circle)		
<input type="checkbox"/> Classroom	<input type="checkbox"/> Abrasion	Abdomen	Elbow	Leg
<input type="checkbox"/> Hallway	<input type="checkbox"/> Anaphylaxis	Ankle	Eye	Nose
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Burn	Arm	Face	Teeth
<input type="checkbox"/> Lunchroom	<input type="checkbox"/> Fracture	Back	Foot	Wrist
<input type="checkbox"/> Playground	<input type="checkbox"/> Head	Buttocks	Hand	Neck
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Laceration	Chest	Head	
<input type="checkbox"/> Bus	<input type="checkbox"/> Seizure	Ear	Knee	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Sprain / Strain			
	<input type="checkbox"/> Drug Overdose			
	<input type="checkbox"/> Heat related emergency			
	<input type="checkbox"/> Psychiatric related emergency			
	<input type="checkbox"/> Respiratory related emergency			
		<input type="checkbox"/> Other _____		

Description of Accident

Was the child sent to office for First Aid? Yes No

Were parents notified? Yes No (Parents called / Note sent to parents)

Was EMS / MD / Dentist notified? Yes No (911 Called)

Was law enforcement intervention required? Yes No

Description of Treatment and Disposition

Signature of Teacher, Principal, or Nurse

Date Completed
