

**Ripley Union Lewis Huntington Schools
Injury Report**

Students Name _____ Grade _____

Date _____ Time _____ Date of Injury _____

Person Reporting _____ Staff Person on Duty _____

Nature of Injury:

Scrape Sprain Cut Bruise
 Possible Fracture Swelling Splinter
 Other _____

Place Injury Occurred:

Classroom Lunchroom Gym Stairway
 Playground Hall Restroom Other _____

Kind of Accident:

Fall Insect Sting Struck By _____

Body Part Injured:

| <u>Head</u> | | <u>Arm</u> | | <u>Leg</u> | | <u>Trunk</u> | |
|-----------------------------------|--------------------------|------------------------------------|--------------------------|------------------------------------|--------------------------|----------------------------------|--------------------------|
| Left | Right | Left | Right | Left | Right | Left | Right |
| <input type="checkbox"/> head | <input type="checkbox"/> | <input type="checkbox"/> thumb | <input type="checkbox"/> | <input type="checkbox"/> toes | <input type="checkbox"/> | <input type="checkbox"/> Chest | <input type="checkbox"/> |
| <input type="checkbox"/> face | <input type="checkbox"/> | <input type="checkbox"/> finger | <input type="checkbox"/> | <input type="checkbox"/> foot | <input type="checkbox"/> | <input type="checkbox"/> back | <input type="checkbox"/> |
| <input type="checkbox"/> forehead | <input type="checkbox"/> | <input type="checkbox"/> hand | <input type="checkbox"/> | <input type="checkbox"/> ankle | <input type="checkbox"/> | <input type="checkbox"/> abdomen | <input type="checkbox"/> |
| <input type="checkbox"/> eyes | <input type="checkbox"/> | <input type="checkbox"/> wrist | <input type="checkbox"/> | <input type="checkbox"/> lower leg | <input type="checkbox"/> | <input type="checkbox"/> side | <input type="checkbox"/> |
| <input type="checkbox"/> ears | <input type="checkbox"/> | <input type="checkbox"/> upper arm | <input type="checkbox"/> | <input type="checkbox"/> knee | <input type="checkbox"/> | <input type="checkbox"/> groin | <input type="checkbox"/> |
| <input type="checkbox"/> mouth | <input type="checkbox"/> | <input type="checkbox"/> shoulder | <input type="checkbox"/> | <input type="checkbox"/> upper leg | <input type="checkbox"/> | | |
| <input type="checkbox"/> neck | <input type="checkbox"/> | | | <input type="checkbox"/> hip | <input type="checkbox"/> | | |

Treatment:

Applied Cold Compress Applied Ointment/Lotion
 Applied Bandage Applied Splint

Disposition:

Phone Call to Parent Parent Took Home Note to Parent Parent Took to E.R.
 Parent Took to Doctor Relative Took Home Transport From School by Ambulance

Comments: (please describe accident in detail)

**To be filed within 24 hours with superintendent
Copies: Building Principal, Staff, Superintendent.**