Child Injury Report From

1. Child’s name_________________________________ 3. Grade_____________ 5. ( ) Male ( ) Female
2. School name_________________________________ 4. Date of injury_____________ 6. Time of injury____
7. Days absent: ___Less than ½ ___1/2 ___1 ___1 ½ - 2 ___ 2 ½ - 3 ___Other: __________________________
8. First Aid given: _____ Ice  _____Washed wound  _____Kept immobile  _____Observed
   _____ Stopped bleeding  _____Applied splint  _____Applied dressing  _____Other
     Explain: __________________________________________________________________________________________
9. Body part injured:  Head  Trunk  Extremities  Other
   ___Ear  ___Abdomen  ___Ankle  ___Lower arm
   ___Eye  ___Back  ___Elbow  ___Lower leg  _________________
   ___Face  ___Chest  ___Finger  ___Thumb
   ___Head  ___Groin  ___Foot  ___Toes  _________________
   ___Neck  ___Shoulder  ___Hand  ___Upper arm
   ___Scalp  ___Trunk  ___Hip  ___Upper leg  _______________________
   ____Knee  ___Wrist
10. Type of injury suspected:
    _____Laceration/Abrasion  _____Bruise/Contusion
    _____Sprain/Strain  _____Dislocation
    _____Fracture  _____Concussion
    _____Surface cut/Scratch  _____Burn
    Other :
11. Action taken:  _____Parent took home  _____Transfer to hospital  _____Parent took to doctor
     _____Returned to class  _____Called 911  _____Parent took to ER
     Other :  _______________________________  _____Time spent in nurse’s office
12. Cause of injury:
    _____Collision with person  _____Collision with obstacle
    _____Hit with object  _____Injury to self
    _____Fall  _____Height of fall
    Other  _________________
13. Accident location:  Classroom  Playground  Gym  Assembly
    Stairs  Hallway  Bus  P.E. class
    Before School  After school  Other  _________________
14. Surface:  Blacktop  Dirt  Grass  Synthetic surface
    Carpet  Pea gravel  Mats  Rubber tile
    Concrete  Ice/Snow  Sand  Wood products
    Other:  ________________________________________________________________________
15. Activity:
16. Equipment: Was playground equipment involved in injury?  __Yes  __No
   IF YES, (a) Did equipment appear to be used appropriately?  __Yes  __No
   (b) Was there any apparent malfunction of equipment?  __Yes  __No
   Check which piece
   Arch climber  Slide
   Cargo net  Sliding pole
   Chinning bar  Track ride
   Horizontal ladder  Swing
   See Saw  Other
17. Describe: Describe specifically how the injury happened. ______________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

Signed:  ________________________________________   Signed:  _______________________________________
   (Person filing report)          (Administrator)

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CHILD INJURY REPORT FORM INSTRUCTIONS

This form is to be completed immediately following the occurrence of any injury that is severe enough to:

a. Cause the loss of one-half day or more of school
b. Warrant medical attention and treatment (i.e. school nurse, M.D., E.R., etc.), and/or
c. Require reporting according to School District policy.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description of Each Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6</td>
<td>Self explanatory.</td>
</tr>
<tr>
<td>7</td>
<td>Do not file a form until you have filled in days missed. If student is going to be absent for an extended period of time, use parent’s estimate. If no school is missed, check less than ½.</td>
</tr>
<tr>
<td>8-11</td>
<td>Self explanatory. Record the amount of time child was in the nurse’s office. Please include H or M. H= hours: M=minutes (ie. 1h:40m).</td>
</tr>
<tr>
<td>12</td>
<td>Collision with person includes injuries which result from interactions between players from incidental or intended contact. Hit with object includes that the student got hit by an object (ball, backpacks, etc). Fall injuries are those when the student falls from equipment or falls while running. Collision with obstacle includes contact when the child collides into an object (playground equipment, fence, etc.). Injury to self occurs when a child got injured because of an action he/she carried out.</td>
</tr>
<tr>
<td>13</td>
<td>Height of fall – Report the height from where the child fell.</td>
</tr>
<tr>
<td>14</td>
<td>Self explanatory.</td>
</tr>
<tr>
<td>15</td>
<td>Describe surface over which injury occurred.</td>
</tr>
<tr>
<td>16</td>
<td>In the small box indicate the number of the activity that the child was doing when he/she got injured.</td>
</tr>
<tr>
<td>17</td>
<td>Briefly describe specifically how the incident happened. Make sure to include all names of witnesses present. If additional space is needed, continue on another sheet of paper and attach.</td>
</tr>
</tbody>
</table>