

WARREN COUNTY SCHOOLS		STUDENT INJURY REPORT		
Date:		School:		
Time:	Teacher:	Student's Name:		
First Responder:	School Insurance:	Grade:	Age:	Gender:

**Place of Injury:**

Classroom     Hallway     Restroom     Lunchroom     Playground     Gymnasium  
 Other \_\_\_\_\_

**Nature of Injury:**

Abrasion     Asphyxia     Burn     Fracture/Sprain     Head Injury     Laceration  
 Other \_\_\_\_\_

**Body Part Injured:**

Abdomen     Ankle     Arm     Back     Chest     Eye     Face     Foot  
 Hand     Head     Knee     Leg     Teeth     Wrist  
 Other \_\_\_\_\_

**Parents Notified:**     Yes     No

**If yes, summary of conversation with parents:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe how injury occurred:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe treatment and disposition:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Principal, Teacher, or Nurse**