## SCHOOL INJURY REPORT

To be completed and filed in the School Injury Report folder in DocuShare.

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|---|---|
| School: | Date Form Completed: |
| Name of Injured: | Date and Time of Injury: |
| Alberta Learning Student I.D.#: | Age: |
| Grade: | Gender: |
| Parent's Name: | Person, method and time of parent contact: |

**1. Body Region(s) Injured**

| | | | |
|---|---|---|---|
| Head<br>Face<br>Nose<br>Eye<br>Ear<br>Teeth | Neck<br>Shoulder<br>Upper Arm<br>Elbow<br>Forearm<br>Wrist | Hand<br>Finger<br>Chest<br>Abdomen<br>Back<br>Buttocks<br>Groin | Thigh<br>Knee<br>Lower Leg<br>Ankle<br>Foot<br>Other: _____<br>_____ |

**2. Type of Injury:**

| | |
|---|---|
| Abrasion/Scrape<br>Burn<br>Bone Bruise – swelling and /or discoloration of bony area<br>Concussion – temporary loss of orientation or unconsciousness<br>Discoloration/separation – deformity of a joint<br>Fracture | Laceration/incision/puncture – an open wound<br>Muscle Strain (pull or tear) – due to use rather than blow<br>Nose Bleed<br>Sprain – twisting or moving or a joint beyond normal range<br>Teeth – loosened or broken<br>Other: _____ |

**3. Facility Area:**

| | | |
|---|---|---|
| Gymnasium<br>Playing Field/Tarmac<br>Classroom/Lab<br>Playground | Hallway/Stairway<br>School Entryway<br>Pool<br>Rink | Locker Room/Shower<br>In Transit to/from School<br>Other: _____ |

**4. Probable Direct Cause**

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|---|---|
| Unintended collision between participants<br>Blow delivered by an object (ball, bat, etc.)<br>Body contact (not considered a collision) in the normal course or an activity<br>Carelessness on part of student<br>Apparent intentional act by another student.<br>Fall/trip not due to an observed external factor | Fall or loss of balance from apparatus.<br>No clear or apparent cause<br>Obstruction on playing area (object or spectator)<br>Strain or overexertion<br>Other:<br>_____ |

This information is collected under the Authority of the *Freedom of Information and Protection of Privacy Act* Section 33 (c). This information will be used to identify practices or conditions which may affect the safety and care of individuals. For further information you may call the Principal or FOIP Coordinator at 674 – 8500.

**5. Disposition of Injured:**

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|---|
| Returned to event/Activity<br>Instructed to withdraw from participation<br>Withdrawn from activity and injury treated |

**6. Mode of Transport:**

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|---|
| Ambulance<br>Team Transport<br>Other: _____<br>_____ |

**7. First Aid Treatments:**

| | | |
|---|---|---|
| R.I.C.E. (Rest/Ice/ Compression/ Elevation)<br>Airway Management (AR/CPR) | Immobilization<br>Wound Management<br>Splint/Tape/Tensor<br>Sling | Crutches<br>Stretching<br>Counseling<br>Other: _____ _____ |

**8. Follow up treatment:**

| | | |
|---|---|---|
| Hospital<br>Family Physician: | Nature of treatment:<br>_____ | Other: _____<br>None |

**9. Type of Attendant:**

| | | |
|---|---|---|
| Physician<br>Certified First Aide | Sports Therapist<br>Trainer/Coach | Staff Member<br>Other: _____ |

**10. Contact Names:**

Name of Staff Member receiving initial report: _____

Witness Names: 1. _____
2. _____
3. _____

**Staff Member Signature:** _____

**Principal Signature**: _____

**Note: No teacher or school staff shall give consent to a doctor for medical treatment of a student.**

**Please attach any additional information.**