



File report with School Nurse. Call 763-219-2469 for questions or check with administration.

Name _____ Grade _____

Day and Date of incident/injury _____ Time _____

___ Injury/incident occurred on site Student ___ or Staff ___

___ Student/Staff presented from home with injury/incident

What body parts were injured?

- | | |
|--------------------|-----------------------|
| 1. Abdomen | 10. Hand |
| 2. Ankle/lower leg | 11. Foot/toes |
| 3. Arm/elbow/wrist | 12. Genitalia |
| 4. Back/neck | 13. Head/skull |
| 5. Chest/rib | 14. Knee |
| 6. Ear | 15. Shoulder/clavicle |
| 7. Eye | 16. Tooth/teeth |
| 8. Face/mouth/nose | 17. Upper leg/hip |
| 9. Fingers/thumb | 18. Other _____ |

What type of injury?

- | | |
|-----------------|-----------------------|
| 1. Abrasion | 7. Head Injury |
| 2. Amputation | 8. Ingestion of _____ |
| 3. Bite | 9. Laceration |
| 4. Bruise | 10. Puncture/Stub |
| 5. Burn/Blister | 11. Splinter |
| 6. Foreign body | 12. Other _____ |

Did this injury result in 911 being called? Yes No

Was the student sent home as a result? Yes No

Location

- | | |
|--------------|-------------------|
| 1. Classroom | 5. Outside |
| 2. Cafeteria | 6. Restroom |
| 3. Gymnasium | 7. To/from school |
| 4. Hallway | 8. Other _____ |

Agent Involved

What agent was involved with the injury?

1. Another student (fighting, pushing, etc)
2. Books
3. Bus, other transportation
4. Desks, chairs, furniture
5. Locker
6. Pencils, pens
7. Phy. ed./sports equipment – what? _____
8. Playground equipment – what? _____
9. Other _____

Injury Description

1. Objectively describe the activity of the person when the injury occurred (Please be as detailed as possible)

2. Describe the injury (size, color, etc.)

Supervision and Witnesses

Include the name, position, or grade of those witnessing the event (address and phone # if not a staff member or student)

1. _____
2. _____
3. _____

Action taken and Follow-up

1. Parent notified – Name _____ Time _____

2. First aid care given:

3. Discharge education/Care:

Person Completing Form _____

Title _____ Date of Report _____

Reviewed by:

School Nurse/Date

Other administration/Date

BBP Exposure Plan Initiated: ___ Yes ___ No - Reason: _____