

Parent/Guardian: _____ Home #: _____ Work #: _____ Cell #: _____

☐ Abrasion ☐ Crush Wound
☐ Amputation ☐ Laceration/Cut
☐ Bite ☐ Puncture Wound
☐ Bruise/Contusion ☐ To Be Determined

☐ ? Sprain/Strain ☐ ? Dislocation ☐ ? Fracture

- ☐ **Ace**
- ☐ **Dressing**
- ☐ **Elevation**
- ☐ **Cold Compress/Ice**
- ☐ **Pressure**
- ☐ **Rest**
- ☐ **Splint**
- ☐ **Wound Care**

<input type="checkbox"/> Skull	<input type="checkbox"/> Scalp	<input type="checkbox"/> Back
<input type="checkbox"/> Eye R / L	<input type="checkbox"/> Ear R / L	<input type="checkbox"/> Chest / Ribs
<input type="checkbox"/> Nose	<input type="checkbox"/> Mouth / Lips	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Teeth	<input type="checkbox"/> Gums	<input type="checkbox"/> Groin
<input type="checkbox"/> Face	<input type="checkbox"/> Jaw	<input type="checkbox"/> Buttocks
<input type="checkbox"/> Chin	<input type="checkbox"/> Neck	<input type="checkbox"/> Genitals / Rectum

- ☐ **Back**
- ☐ **Chest / Ribs**
- ☐ **Abdomen**
- ☐ **Groin**
- ☐ **Buttocks**
- ☐ **Genitals / Rectum**

- ☐ Shoulder R / L
- ☐ Upper Arm R / L
- ☐ Elbow R / L
- ☐ Forearm R / L
- ☐ Wrist R / L
- ☐ Hand R / L
- ☐ Finger R / L
- ☐ Pelvis / Hip
- ☐ Leg R / L
- ☐ Knee R / L
- ☐ Ankle R / L
- ☐ Foot R / L
- ☐ Toe R / L _____

- ☐ Pelvis / Hip
- ☐ Leg R / L
- ☐ Knee R / L
- ☐ Ankle R / L
- ☐ Foot R / L
- ☐ Toe R / L

	Date:	Time:	Initials:
<input type="checkbox"/> Parent/Guardian Notified	_____	_____	_____
<input type="checkbox"/> Unable to contact Parent/Grd.	_____	_____	_____
<input type="checkbox"/> Administration Notified	_____	_____	_____
<input type="checkbox"/> Police Notified	_____	_____	_____
<input type="checkbox"/> First Aid Administered	_____	_____	_____
<input type="checkbox"/> Checked by School Nurse	_____	_____	_____
<input type="checkbox"/> Checked by Paramedics/EMS	_____	_____	_____
<input type="checkbox"/> Remained In/Returned to Class	_____	_____	_____
<input type="checkbox"/> Sent/Taken Home	_____	_____	_____
<input type="checkbox"/> Taken to Physician	_____	_____	_____
<input type="checkbox"/> Taken to Emergency Facility	_____	_____	_____
<input type="checkbox"/> Other:			

School Phone: (603) **FAX:** (603)

[illegible]

Title: _____

Signature _____
Date

Name(print) _____
Title