Wilton Lyndeborough School District Student Injury Report

Student: _					DOB:	Gender:	School #:	Grade:	
Last First MI			MI	Date of Injury: _		Time of Injury	/ :		
Street Address									
City		State	Zip		Date Reported:				
Parent/Guardian:					Home #: Work #: Cell #:				
Injury Type	2				Treatment	<u>t</u>			
☐ Abrasion		□ Crush Wound			□ Ace				
☐ Amputation		☐ Laceration/Cut			□ Dressing	□ Dressing □ Rest			
☐ Bite ☐ Puncture Wound					□ Elevation □ Splint				
☐ Bruise/Contusion		☐ To Be Determined			□ Cold Con	□ Wound Care			
□ ? Sprain/St	rain 🗆 ? Dislocatio	n 🗆 ? Fracture	;						
				Part of	f Body Injured				
Head:		Trunk:			Arms:		Legs:		
	□ Scalp	□ Back		——— □ Shoulder R /	/ I.	□ Pelvis / Hip			
	□ Ear R / L	□ Chest / Ribs		□ Upper Arm 1		□ Leg R / L			
□ Nose	□ Mouth / Lips	□ Abdomen			□ Elbow R / L		□ Knee R / L		
□ Teeth	□ Gums				□ Forearm R /		□ Ankle R / L		
□ Face	□ Jaw	□ Buttocks			□ Wrist R / L	_	□ Foot R / L		
□ Chin	□ Neck	☐ Genitals / Rectum			□ Hand R / L		□ Toe R / L		
			□ Finger R / L						
Action Tak	con/Mania all that a mark	1			Narrativa				
Action Taken(Mark all that apply)						·			
□ Parent /Gu	ardian Notified	Date: T	ime:	Initials:					
	contact Parent/Grd.								
□ Administra									
□ Police Noti									
☐ First Aid A									
	School Nurse								
	Paramedics/EMS								
•	In/Returned to Class								
□ Sent/Taker									
□ Taken to P	hvsician								
	mergency Facility								
<i>X</i>					Date:				
Signature of	Person Completing Rep	ort							
Name:					Title:				
School Phone: (603) FA				X: (603)					

Student Injury Report

Student:		Date of Rep	ort:	Time of Report:						
Additional Description of Incident										
Pe	eriod	Incident Location		Incident Type						
☐ After School (Authorized) ☐ After School (Unauthorized)	☐ Lunch ☐ Lunch Recess	☐ Auditorium/Multi ☐ Basketball Court ☐	Lab Lockers Lunchroom Off School Prop	Intentional Y/N ☐ Assault/Fight ☐ Bite/Sting ☐ BurnChemical	Undetermined □ Motor Veh Crash □ Pedestrian □ Poisoning					
☐ Assembly ☐ Before School (Authorized)	☐ Phys. Ed. Class ☐ Recess	☐ Bus Loading Area ☐ Classroom ☐	Parking Area Playground Pool	Fire Other □ Collision-Object □ Collision-Person	☐ Shooting ☐ Sports Related ☐ Stabbing ☐ Drown/Nearly					
☐ Before School (Unauthorized) ☐ Class Change ☐ Class Time	☐ Unauthorized ☐ Other	☐ Gymnasium ☐ Home Economics ☐	School Bus Shop/Indus. Arts Other	☐ Fall – Standing Ht. ☐ Fall < 5' ☐ Fall 5-10'	☐ Electrical ☐ Other Trauma:					
□ Field Trip		☐ Kitchen Did Injury Involve Stairs/S	teps? Y/N:	□ Fall > 10'						
	Activity Durin	Witness Narrative:								
☐ Adventure/Ropes ☐ Baseball/Softball ☐ Basketball ☐ Bicycling ☐ Classroom Activity ☐ Climbing/Bars ☐ Dancing ☐ Dodgeball/War Ba	□ Jumping □ Kickball all □ Lab/Shop Activ.	□ Running □ Track & □ Sitting □ Volleyl □ Skiing □ Walkin □ Sliding □ Weight □ Soccer □ Wrestli	oall ng t Training							
9 1 1 9 1 1 1 1		Which Injury Occurred								
□ Not Relevant □ Blacktop □ Cer. □ Brick Wall □ Con □ Carpet □ Dire		Uneven? Y/N Mats	□ Water □ Wood Chips □ Wood-Treated □ Wood-Untreated							
	Equipment	Involved With Injury								
□ Not Relevant □ Balance Beam □ Bridges □ Climbing Tower □ Concrete Pipe	☐ Faulty Equip. ☐ Glider/Trolley ☐ Pole C☐ Horizontal Ladder ☐ Monkey Bars ☐ Platform	rs. Protect. Equipment //N Not Relative Turn Bar Object Other:	Other Students Inv X Signature	olved _Y _N _UNK						
Faculty/Staff On	Duty/Present At Incid	lent:		Title						
Name:		Title:		School Phone: (603)						
	_	Title:		School Phone: (603)						
Other Witnesses:	□ None									
Statements/Com	ments: None									
XSignature		Title		Date						
Principal's Office	::		Superintendent's Off	ice:						
Signature		Date	Signature Date							
Name(print)		Title	Name(print)	Name(print) Title						