

LAKE FENTON COMMUNITY SCHOOLS
Student/Non-Staff Injury Report

Student Information

Name		
Grade	Date of Incident	Time of Incident

Location of Incident

Classroom	Hallway	Gymnasium	Cafeteria	Restroom
Playground	Stairway	Parking Lot	Bus	Science Lab
Athletic Field	Other (explain)			

Time of Incident

Recess	Lunch	P.E. Class	In Class (not P.E.)	Between Class	Field Trip
Before School	After School	Unknown	Athletic Practice	Athletic Competition	
Other (explain)					

Equipment

No Equipment Involved	Equipment Involved (explain)
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Surface (select all that apply)

Asphalt	Concrete	Gravel	Ice/Snow	Mat(s)	Synthetic Surface	Tile
Wood Chips/Mulch	Grass	Sand	Dirt	Carpet	Gymnasium Floor	
Other (explain)						

Type of Injury (select all that apply)

	Head	Eye	Ear	Nose	Mouth/Lips	Tooth/Teeth	Jaw	Chin	Neck/Throat	Collar Bone	Shoulder	Upper Arm	Elbow	Forearm	Wrist	Hand	Finger	Fingernail	Chest/Ribs	Back	Abdomen	Groin	Genitals	Pelvis/Hip	Leg	Knee	Ankle	Foot	Toe
Abrasion/Scrape																													
Bite																													
Bump/Swelling																													
Bruise																													
Burn/Scald																													
Cut/Laceration																													
Dislocation																													
Fracture																													
Pain/Tenderness																													
Puncture																													
Sprain																													
Other																													

Contributing Factors (select all that apply)

Animal Bite	Compression/ Pinch	Fall	Overextension/ Twisted	Struck by Object (bat, swing, etc.)
Collision with Object	Contact with Hot or Toxic Substance	Foreign Body/ Object	Physical Altercation	Tripped/ Slipped
Collision with Person	Drug, Alcohol or Other Substance Involved		Hit with Thrown Object	Struck by Auto, Bike, Etc.
Weapon (specify)		Other (explain)		

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Description of Incident

Witnesses to the Incident

Staff/Other Adults Involved

Teacher	Aide	Secretary	Principal
Cafeteria	Custodian	Bus Driver	Parent
		Other (specify)	

Incident Response (complete all that apply)

First Aid	Time:	By Whom:	
Called 911	Time:	By Whom:	
Parent/Guardian Notified	Time:	By Whom:	
Unable to Contact Parent/Guardian	Time:	By Whom:	
Parents Deemed No Medical Action Necessary	Returned to Class	Sent/Taken Home	Days of School Missed:
	Taken to Health Care Provider/Clinic/Hospital/Urgent Care	Diagnosis	Days of School Missed
Hospitalized	Diagnosis	Days of School Missed	
Restricted School Activity	Explain	Length of Time Restricted	Days of School Missed
Other (explain)			

Describe Care Provided to the Student

Additional Comments

Signature of Staff Member Completing Form	Date/Time
Principal's Signature	Date/Time