

WASHOE COUNTY SCHOOL DISTRICT-STUDENT INJURY REPORT

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| INJURED'S NAME/ADDRESS <hr/> Last _____ First _____ MI _____ <hr/> Street Address _____ <hr/> City _____ State _____ Zip _____ | DATE OF BIRTH <hr/> ____/____/____ <hr/> GENDER ___ Male ___ Female | SCHOOL NAME <hr/> _____ <hr/> GRADE ___ Preschool ___ Kindergarten ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12 |
| DATE OF INJURY ____/____/____ <hr/> DATE REPORTED ____/____/____ | TIME OF INJURY ____ a.m. ____ p.m. <hr/> TIME REPORTED ____ a.m. ____ p.m. | PERIOD ___ After School ___ Field Trip ___ Before School ___ Lunch ___ Assembly ___ Lunch Recess ___ Class Change ___ Organized Sports ___ Class Time ___ Unauthorized ___ Phys. Ed. Class ___ Other _____ ___ Recess |
| INCIDENT CAUSE ___ Intentional ___ Unintentional ___ Undetermined | PERSON INJURED ___ Student ___ Parent ___ Other | SUPERVISION ___ None ___ Teacher ___ Aide/Monitor ___ Coach ___ Driver ___ Parent/Volunteer ___ Principal ___ Other _____ |

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| INCIDENT TYPE | |
| ___ Assault/Fight ___ Bite/Sting ___ Burn-Chemical ___ Burn-Fire ___ Burn-Other ___ Collision w/ Object ___ Collision w/ Person ___ Fall - Standing Ht. ___ Fall < 5' ___ Fall 5-10' ___ Fall > 10' | ___ Motor Vehicle Crash ___ Pedestrian ___ Electrical ___ Shooting ___ Sports-Related Injury ___ Stabbing ___ Poisoning ___ Drown/Near Drown ___ Other Penetrating Trauma |

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| INCIDENT LOCATION | |
| ___ Athletic Field ___ Auditorium/Multi ___ Basketball Court ___ Bathroom ___ Bus Loading Area ___ Classroom ___ Corridor ___ Driveway ___ Gymnasium ___ Home Economics ___ Kitchen ___ Lab | ___ Lockers ___ Lunchroom ___ Off School Property ___ Parking Area ___ Playground (Kindergarten) ___ Playground (Primary) ___ Playground (Secondary) ___ Pool ___ School Bus ___ Shop/Industrial Arts ___ Other _____ |

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| ACTIVITY WHEN INJURY OCCURRED | |
| ___ Baseball/Softball ___ Basketball ___ Bicycling ___ Classroom Activity ___ Climbing Bars ___ Dancing ___ Dodgeball ___ Fight/Roughhouse ___ Football ___ Gymnastics/Tumbling ___ Hockey (Field/Floor) ___ Ice Skating ___ Jumping ___ Kickball ___ Lab/Shop Activities ___ Rollerblading/Skating | ___ Running ___ Sitting ___ Skiing ___ Sliding ___ Soccer ___ Swimming ___ Swinging ___ Tetherball ___ Throwing rocks ___ Throwing Snowballs ___ Track & Field ___ Volleyball ___ Walking ___ Weight Training ___ Wrestling ___ Other _____ |

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| SURFACE CONDITION | | |
| ___ Not Relevant ___ Wet ___ Dry | | |
| TYPE OF SURFACE | | |
| ___ Blacktop ___ Brick Wall ___ Carpet ___ Concrete ___ Dirt ___ Grass/Lawn | ___ Gravel ___ Ice ___ Mats ___ Metal ___ Sand ___ Snow | ___ Tile ___ Water ___ Wood Chips ___ Wood Treated ___ Wood Untreated ___ Other _____ |

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| INJURY SITE | |
| ___ Head ___ Eye-L. ___ R. ___ ___ Ear-L. ___ R. ___ ___ Nose ___ Mouth/Lips ___ Teeth ___ Gums ___ Face ___ Jaw ___ Chin ___ Neck ___ Clavicle-L. ___ R. ___ ___ Shoulder-L. ___ R. ___ ___ Upper Arm-L. ___ R. ___ ___ Elbow-L. ___ R. ___ ___ Forearm-L. ___ R. ___ | ___ Wrist-L. ___ R. ___ ___ Hand-L. ___ R. ___ ___ Fingernail ___ Finger ___ Chest/Ribs ___ Back ___ Abdom./Groin ___ Buttocks ___ Genitals/Rect. ___ Pelvis/Hip ___ Leg-L. ___ R. ___ ___ Knee-L. ___ R. ___ ___ Ankle-L. ___ R. ___ ___ Foot-L. ___ R. ___ ___ Toe |

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| EQUIPMENT INVOLVED | | |
| ___ Arched Climber ___ Balance Beam ___ Climbing Tower ___ Concrete Pipe ___ Domed Climber ___ Glider | ___ Horiz. Ladder ___ Modular Unit ___ Monkey Bars ___ Platform ___ Pole Climb ___ Rope | ___ Slide ___ Swing ___ Tetherball ___ 3-level Bars ___ Turn Bar ___ Other _____ |
| INJURY TYPE | | |
| ___ Abrasion ___ Amputation ___ Bite ___ Bruise/Contusion ___ Burn ___ Crush Wound ___ Possible Dislocation ___ Possible Fracture ___ Laceration/Cut ___ Pain ___ Puncture Wound ___ Possible Sprain/Strain ___ Other _____ | | |
| ACTION TAKEN | | |
| ___ Parent/Guardian Notified ___ Unable to Contact Parent/Guardian ___ Police Notified ___ First Aid Administered ___ Checked by School Nurse ___ Checked by Paramedics/EMT ___ Remained in/Returned to Class ___ Sent/Taken Home ___ Taken to Physician ___ Taken to Emergency Facility ___ Photos Taken of Accident Scene ___ Other _____ | | |

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| PARENT/GUARDIAN NAME & PHONE NUMBER | | | |
| Last | First | MI | Phone |

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| NAMES OF OTHER STUDENTS INVOLVED (IF APPLICABLE) | |
| Name _____ | Name _____ |
| Name _____ | Name _____ |

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| WITNESSES | | |
| Name _____ | Address _____ | Phone _____ |
| Name _____ | Address _____ | Phone _____ |

Please provide a brief description of how the injury occurred. _____

PERSON RESPONSIBLE FOR SUPERVISING AREA OF INCIDENT: _____

REPORT COMPLETED BY: _____ DATE: _____

PRINCIPAL'S SIGNATURE: _____