

**Durham Public Schools**  
**Student Accident/Injury Reporting**

*(This form is for documentation purposes only and file copy should be maintained by the school.)*

This form is to be completed by school administrator, teacher, or other staff member at the time of student injury at school or during a school-sponsored activity. Be sure to provide as much information about the accident as you can. The completed form should be given to appropriate person to enter into the NC WISE Student Injury & Accidents Reporting.

<b>School Name</b> _____	<b>Birth Date</b> _____
<b>Legal Last Name</b> _____	<b>Legal First Name</b> _____
<b>Gender</b> _____	<b>Date of Accident</b> _____
<b>Time of Accident</b> _____	
<b>Brief Description (10 words or less)</b>	

**Description of Accident:** What was the student doing? Why did it occur? Any equipment involved?

  
  
  
  

***(CIRCLE OR HIGHLIGHT AS APPROPRIATE.)***

Accident & Injury Type	Cause of Injury	Nature of Injury	Location Description	Anatomical Location
Abdominal/Internal Injury	Accidental Injury	Abrasion	Bus	Abdominal
Abrasion	Broken Glass	Blister	Cafeteria	Ankle
Accidental Injury	Burn	Break	Classroom	Arm
Anaphylaxis	Bus Accident	Bruise	Gym	Back
Back Injury	Car Accident	Concussion	Hallway	Buttocks
Behavioral Incident	Collision with Object/ Surface	Contusion	Library	Chest
Break	Collision with Other Student	Cut	Off School Grounds	Elbow
Bruise	Debris	Dislocation	Other:	Eye
Burn	Defective Playground Equipment	Dizziness	Outside	Face
Chemical Accident	Fall from Equipment	Irritation	PE Class	Finger
Concussion	Fighting	Laceration	Playground	Foot
Dental Injury	Gym/PE Class	Loss of Consciousness	Playground Equipment	Hand
Dizziness	Heat Related	Minor Injury	Restroom	Head
Drug Overdose	Hitting	Required EMS or Off-Site Care	School Grounds	Knee
Electrical Accident	Intentional Injury	Scratch	Shop	Leg
Eye Injury	Other:	Shock	Stairs	Mouth
Fall	Playground Accident	Sprain		Multiple
Fracture	Pushing	Swelling		Neck
Head Injury	Running	Tooth Injury		Nose
Heat-Related Emergency	Self-Injury			Other:
Human/Animal Bite	Sports Related			Shoulder
Laceration/Cut	Thrown Objects			Teeth
Loss of Consciousness	Tripping			Thorax
Medical Injury/Emergency	Wet Floor			Toe
Neck Injury				Wrist
Other:				
Overexertion				

Accident & Injury Type (Continued)	Physical Education	Interscholastic Activity	Interscholastic Activity (Continued)
Pain/Swelling	Baseball	Baseball	Soccer
Psychiatric Emergency	Basketball	Basketball	Softball
Puncture	Football	Cheerleading	Tennis
Respiratory Emergency	Hockey	Cross Country Track	Track & Field
Scratch	Other:	Field Hockey	Volleyball
Seizure	PE Class (General)	Football	Wrestling
Slip	Soccer	Golf	
Sprain/Strain	Swimming	Gymnastics	
Sting	Track	Lacrosse	
Stitches	Volleyball	Other:	
Trip			

Contact Information (Parent or Legal Guardian)	
Contact Name _____	Parent Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
Contacted By _____	Additional Information: _____

Witness Information	
Witness Name _____	Witness Phone _____
Witness Address _____	

Treatment Information	
Where was the student taken? _____	Treated By _____
Treatment Given <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Ice Applied <input type="checkbox"/> Other	Treatment Date _____

Police/911 Called Information	
Police/911 Called <input type="checkbox"/> Yes <input type="checkbox"/> No	Procedure _____
Follow Up Date _____	Description _____

Action/Follow-up Information	
Risk Management Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Sent Home <input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Treatment Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	Report Completed Date _____
Report Completed By (Print Name) _____	
Report Completed By (Signature) _____	
Principal Reviewed Date _____	
Supervising Staff Member (Print Name) _____	
Supervising Staff Member (Signature) _____	
<b>Follow-Up Narrative.</b> Emergency Response Team called and respondents. Precautions taken to avoid recurrence of injury. Maintenance Work Order placed? When? Any additional information you can provide about the accident or injury.	