

Gates County Schools

School Health Program

"Healthy Students Make Education A Success"

Injury Report

Name of Injured Person: _____ Date: _____

School: _____ Male / Female (circle one)

Address: _____

Date of Accident / Injury: _____ (circle one) Student Employee Visitor

<u>Place of Accident</u>	<u>Nature of Injury</u>	<u>Body Part Injured</u> (circle)	
_____ Classroom	_____ Abrasion	Abodomen	Face
_____ Hallway	_____ Asphyxia	Ankle	Foot
_____ Bathroom	_____ Burn	Arm	Hand
_____ Lunchroom	_____ Fracture / Sprain	Back	Head
_____ Playground	_____ Head Injury	Buttocks	Knee
_____ Gymnasium	_____ Laceration	Chest	Leg
_____ Other: _____	_____ Other: _____	Ear	Nose
		Elbow	Teeth
		Eye	Wrist
		Other: _____	

How did the accident occur? _____

What injuries were received? _____

What first aid was given? _____

Were parents notified? Yes No

Signature of Person Filing Report _____