ARLINGTON PUBLIC SCHOOLS School Name _____

REPORT OF INJURY FOR PUPILS

(1) Completed form must be signed by principal or responsible supervisor.
(2) Retain yellow copy. Send white copy to Director, Transportation/Risk Management.

Name: _____

School: _____ Sex: M ☐ F ☐ Age: _____ Grade: _____

Time injury occurred: Hour _____ A.M. ☐ P.M. ☐ Date of Injury: _____

NATURE OF INJURY

Bruise	☐	Hand	☐
Burn	☐	Puncture	☐
Concussion	☐	Scratches	☐
Cut	☐	Sprain	☐
Dislocation	☐	Strain	☐
Fracture	☐	_____ OTHER	☐

PART OF BODY INJURED

Abdomen	☐	Hand	☐
Ankle	☐	Head	☐
Arm	☐	Knee	☐
Back	☐	Leg	☐
Chest	☐	Mouth	☐
Ear	☐	Nose	☐
Elbow	☐	Shoulder	☐
Eye	☐	Toe	☐
Face	☐	Tooth	☐
Finger	☐	Wrist	☐
Foot	☐	_____ OTHER	☐

DESCRIPTION OF ACCIDENT

How did injury happen? What was the individual doing (specify activity)? _____

_____

_____

_____

_____

_____

_____

Name(s) or person(s) causing the injury if applicable. _____

_____

School Time Missed: _____

Attach additional sheets if needed to describe the accident.

PLACE OF INJURY

Athletic Field	☐	Locker Room	☐	Home Economics	☐	Vehicular	☐
Auditorium	☐	Gymnasium	☐	Laboratories	☐	Enroute School	☐
Bus	☐	Multi-purpose	☐	_____ Shop	☐	Enroute Home	☐
Cafeteria	☐	Playgrounds	☐	Stairs	☐	_____ OTHER	☐
Classroom	☐	School Grounds	☐	Restroom	☐		
Corridor	☐	Showers	☐	Office	☐		

CAUSE/TYPE OF INJURY

Unsafe Act	☐	Unsafe Personal Factor	☐	Unsafe Mech. or Phys. Condition	☐
Struck Against	☐	Caught In, Under, or Between	☐	Contact w/Electrical Current	☐
Struck By	☐	Rubbed or Abraded	☐	Contact w/Caustic, Toxic, or Noxious Substance	☐
Fall from Elevation	☐	Body Reaction	☐	Contact w/Temperature Extreme	☐
Fall from Same Level	☐	Overexertion	☐	_____ OTHER	☐

First aid given? Yes ☐ No ☐ By: _____

Treated by physician? Yes ☐ No ☐ Physician's Name: _____

Sent to hospital or clinic? Yes ☐ No ☐ Name of Hospital/Clinic: _____

Witnesses? Yes ☐ No ☐ Names: _____

Parents or next of kin notified? Yes ☐ No ☐ When? _____ How? _____

1. Recommendation for preventing future injuries of this type: _____

_____

2. Request safety inspection? Yes ☐ No ☐

Signature of person completing form: _____ Date: _____

Signature of principal/supervisor: _____ Date: _____