

**Owosso Public Schools Health Services
Student/Visitor Injury Report**

Student Name: _____ **Parent Name:** _____

Visitor Name: _____ **date of birth:** _____ **Sex** _____ **SS #** _____

Address: _____ **Phone:** () _____

Date/Time of Injury: _____ **Place of Injury** Playground Classroom Gym Other _____

Brief Description of Incident: _____

Body Part Injured: Head/Face/Forehead Eye **R L** Teeth/Mouth/Lips Neck/Back/Spinal Column
 Chest/Abdomen/Pelvis Arm/Shoulder/Wrist/Hand Legs/Knees/Ankles/Feet
 Swelling Bruise Laceration Possible fracture or sprain Bleeding No apparent physical injury

Blood/Body Fluid Contact: Yes No **Name of person exposed:** _____

Supporting Information: Fall Pushed Tripped Other _____

Weather Conditions: Sun Clouds Rain Ice Snow Other _____

Witnesses: _____

Witnessed by the Playground Supervisor: No Yes **Name:** _____

Playground Equipment Involved in Injury

Playground () Asphalt () Dirt
 Fence
 Ball
 Bat
 Slide
 Swing
 Jungle Gym
 Other _____

First Aid Given

Ice Bandage Splint Elevation
 Other _____
 Ambulance called Yes No
 Check by School Nurse Yes No Unable
 Parent/Guardian notified Yes No Unable
 Neighbor/Relative notified Yes No Unable
 Student picked up from School Yes No Unable

 Name of Person Completing Report

 Title

 Date

Follow Up

_____ days absent from school
 Under physician's care
 Hospitalized _____ days
 Stitches Cast
 Other _____
 Name of person conducting follow-up

For Administration Use – Quality Improvement

Preventable ? Yes No

Guidance

 Student counseling
 Playground supervisor counseling
 Playground maintenance
 Playground equipment repair
 Other _____
 Name of person conducting follow-up
