

Child Injury Report Form for Indoor and Outdoor Injuries

16. Equipment: Was playground equipment involved in injury? IF YES, (a) Did equipment appear to be used appropriately? (b) Was there any apparent malfunction of equipment? YesNo	ale
8. First Aid given: Stopped bleeding Applied splint Applied dressing Other Explain: 9. Body part injured: Head Trunk Ear Abdomen Ankle Lower arm Eye Back Elbow Lower arm Eye Back Elbow Lower arm Head Groin Foot Toes Neck Shoulder Hand Upper arm Neck Shoulder Hand Upper arm Head Groin Foot Toes Neck Shoulder Hand Upper arm Scalp Trunk Hip Upper leg Knee Wrist 10. Type of injury suspected: 11. Action taken: Parent took home Transfer to hospital Surface cut/Scratch Dither: 12. Explanation of accident: Collision with person Hit with object Hit with object Fall Height of fall Other Stairs Hallway Bus P.E. class Shynthetic surface Rubber tile Concrete Other: Depth of loose fill material 14. Surface: Blacktop Dirt Garses Synthetic surface Concrete Other: Depth of loose fill material 15. Activity: Depth of loose fill material 16. Equipment: Was playground equipment involved in injury? Yes No 16. Equipment: Was playground equipment involved in injury? Yes No 16. Equipment: Was playground equipment involved in injury? Yes No 16. Equipment: Was playground equipment involved in injury? Yes No 16. Equipment: Was playground equipment involved in injury? Yes No 16. Equipment: Was playground equipment involved in injury? Yes No 16. Equipment: Was playground equipment involved in injury? Yes No 16. Equipment: Was playground equipment involved in injury? Yes No 17. Yes Gars Save Horizontal Lower Person Proved Horizontal Lodder Save Person Proved Person	
Explain: Stopped bleeding	
9. Body part injured: Head Trunk Ankle Lower arm Ear Abdomen Ankle Lower leg Eye Back Elbow Lower leg Face Chest Finger Thumb Head Groin Foot Toes Neck Shoulder Hand Upper arm Wrist Insurance Insu	
Ear	
Laceration/Abrasion Sprain/Strain Dislocation Sprain/Strain Dislocation Fracture Concussion Burn Other: 11. Action taken: Parent took home Transfer to hospital Parent took to doctor Returned to class Called 911 Parent took to ER Other: Time spent in nurse's office 12. Explanation of accident: Collision with person	
Returned to class Called 911 Parent took to ER Time spent in nurse's office Collision with person	
Collision with person	
Stairs Hallway Bus P.E. class Before School After school Other 14. Surface: Blacktop Dirt Grass Synthetic surface Carpet Pea gravel Mats Rubber tile Concrete Ice/Snow Sand Wood products Other: Depth of loose fill material 15. Activity: 1. Baseball/Softball 6. Fighting 11. Playing on bars 16. Soccer 20. Volleyb 2. Basketball 7. Flag/Touch football 12. Running 17. Swinging 21. Walking 3. Bicycling 8. Jumping 13. Rough housing 18. Throwing rocks 22. Other: or snowballs 5. Dodge ball 10. Playground equipment 15. Sliding on ice 19. Track/Field 16. Equipment: Was playground equipment involved in injury? Yes No IF YES, (a) Did equipment appear to be used appropriately? Yes No (Check which piece See Saw Colors See Saw	
Carpet Pea gravel Mats Rubber tile Concrete Ice/Snow Sand Wood products Other: Depth of loose fill material 15. Activity: 1. Baseball/Softball 6. Fighting 11. Playing on bars 16. Soccer 20. Volleyber 2. Basketball 7. Flag/Touch football 12. Running 17. Swinging 21. Walking 3. Bicycling 8. Jumping 13. Rough housing 18. Throwing rocks 22. Other: 4. Climbing 9. Kickball 14. Sliding or snowballs 5. Dodge ball 10. Playground equipment 15. Sliding on ice 19. Track/Field 16. Equipment: Was playground equipment involved in injury? Yes No (b) Was there any apparent malfunction of equipment? Yes No (b) Was there any apparent malfunction of equipment? Yes No (check which piece See Saw See Sa	
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16. Equipment: Was playground equipment involved in injury? IF YES, (a) Did equipment appear to be used appropriately? (b) Was there any apparent malfunction of equipment? YesNo	
	Slide Sliding pole Frack ride Swing Other
Signed: Signed:	
(Person filing report) (Director) Adapted from National Program for Playground Safety 2005, Student Injury Report Form	



CHILD INJURY REPORT FORM INSTRUCTIONS

This form is to be completed immediately following the occurrence of any injury that is severe enough to:

- a. Cause the loss of one-half day or more of school
- b. Warrant medical attention and treatment (i.e., school nurse, M.D., E.R., etc.), and/or
- c. Require reporting according to School District policy.

Number	Description of Each Number
1-6	Self explanatory.
7	Do not file a form until you have filled in days missed. If student is going to be absent for an extended period of time, use parent's estimate. If no school is missed, check less than ½.
8 -11	Self explanatory. Record the amount of time child was in the nurse's office. Please include H or M. H= hours: M=minutes (i.e., 1h:40m).
12	Collision with person includes injuries which result from interactions between players from incidental or intended contact. Hit with object includes that the student got hit by an object (ball, backpacks, etc.) Fall injuries are those when the student falls from equipment or falls while running. Collision with obstacle includes contact when the child collides into an object (playground equipment, fence, etc.) Injury to self occurs when a child got injured because of an action s/he carried out.
	Height of fall - Report the height from where the child fell.
13	Self explanatory.
14	Describe surface over which injury occurred.
15	In the small box indicate the number of the activity that the child was doing when s/he got injured.
16	Self explanatory. See attached document with pictures of each piece of equipment.
17	Briefly describe specifically how the incident happened. Make sure to include all names of witnesses present. If additional space is needed, continue on another sheet of paper and attach.

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2005 National Program for Playground Safety