

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 _____