Caring for Our Children: National Health and Safety Performance Standards

Child Injury Report Form for Indoor and Outdoor Injuries

1. Child’s name_________________________________  3. Grade______________  5. ( ) Male ( ) Female  
2. School name  __________________________________  4. Date of injury __________  6. Time of injury ______
7. Days absent:  ___Less than ½  ___1/2  ___1  ___1 ½ - 2  ___2 ½ - 3  ___Other:__________________________________  
8. First Aid given:  _______Ice _______Washed wound _______Kept immobile _______Observed _______Stopped bleeding _______Applied splint _______Applied dressing _______Other Explain: __________________________________________________________________________________________
9. Body part injured:  
- Head 
- Trunk 
- Extremities 
- Other  
  ___Ear  ___Abdomen  ___Ankle  ___Lower arm  
  ___Eye  ___Back  ___Elbow  ___Lower leg  
  ___Face  ___Chest  ___Finger  ___Thumb  
  ___Head  ___Groin  ___Foot  ___Toes  
  ___Neck  ___Shoulder  ___Hand  ___Upper arm  
  ___Scalp  ___Trunk  ___Hip  ___Upper leg  
  ___Head  ___Groin  ___Foot  ___Toes  
  ___Neck  ___Shoulder  ___Hand  ___Upper arm
10. Type of injury suspected:  
- Laceration/Abrasion  
- Bruise/Contusion  
- Sprain/Strain  
- Dislocation  
- Fracture  
- Concussion  
- Surface cut/Scratch  
- 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 :  __________________________________________________________________
12. Explanation of accident:  
- Collision with person  
- Collision with obstacle  
- Hit with object  
- Injury to self  
- Fall  
- Height of fall  
- Other:  __________________________________________________________________
13. Accident location: 
- Classroom  
- Playground  
- Gym  
- Assembly  
- 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:  ____________________________________________________________________  
15. Activity:  
- 1. Baseball/Softball  
- 2. Basketball  
- 3. Bicycling  
- 4. Climbing  
- 5. Dodge ball  
- 6. Fighting  
- 7. Flag/Touch football  
- 8. Jumping  
- 9. Kickball  
- 10. Playground equipment  
- 11. Playing on bars  
- 12. Running  
- 13. Rough housing  
- 14. Sliding  
- 15. Sliding on ice  
- 16. Soccer  
- 17. Swinging  
- 18. Throwing rocks  
- 19. Track/Field  
- 20. Volleyball  
- 21. Walking  
16. Equipment:  
- Was playground equipment involved in injury?  
  Yes  No  
- IF YES, (a) Did equipment appear to be used appropriately?  
  Yes  No  
- (b) Was there any apparent malfunction of equipment?  
  Yes  No  
- Arch climber  
- Cargo net  
- Check which piece  
- Sliding pole  
- Chinning bar  
- Track ride  
- Horizontal ladder  
- Swing  
- See Saw  
- Other  
17. Describe:  Describe specifically how the injury happened.  
__________________________________________________________________________  
__________________________________________________________________________  
__________________________________________________________________________  
__________________________________________________________________________  
__________________________________________________________________________  
__________________________________________________________________________  
Signed:  ________________________  Signed:  ___________________________  
(Person filing report)  (Director)

**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.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description of Each Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6</td>
<td>Self explanatory.</td>
</tr>
<tr>
<td>7</td>
<td>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.</td>
</tr>
<tr>
<td>8-11</td>
<td>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).</td>
</tr>
<tr>
<td>12</td>
<td>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.</td>
</tr>
<tr>
<td>13</td>
<td>Self explanatory. Height of fall – Report the height from where the child fell.</td>
</tr>
<tr>
<td>14</td>
<td>Describe surface over which injury occurred.</td>
</tr>
<tr>
<td>15</td>
<td>In the small box indicate the number of the activity that the child was doing when s/he got injured.</td>
</tr>
<tr>
<td>16</td>
<td>Self explanatory. See attached document with pictures of each piece of equipment.</td>
</tr>
<tr>
<td>17</td>
<td>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.</td>
</tr>
</tbody>
</table>

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**2005 National Program for Playground Safety**