



**Department of Health
& Human Services**
Population Health

**Utah Department of Health & Human Services
Student Injury Report System**

In 1984, the Child Injury Prevention Program and the Utah State Office of Education created the Student Injury Reporting (SIR) System for Utah public schools. This is a voluntary reporting system, and all 40 Utah school districts currently participate.

School personnel complete a Student Injury Report when a student injury meets one of the following criteria:

1. The injury causes the student to miss one-half day or more of school, or
2. The injury requires treatment by a health care provider.

The purpose of the Student Injury Reporting program is to collect accurate injury data to help identify and prevent common injuries in schools. The information gathered helps identify injury patterns, causes, and risk factors so schools can improve safety and develop prevention programs. Utah is 1 of the few states with a statewide Student Injury Reporting System.

The reporting form was developed through a partnership between the Violence and Injury Prevention Program (VIPP) and the Utah State Office of Education. The Utah Department of Health and Human Services analyzes the data and produces statewide injury reports.

Why report injuries?

The Student Injury Reporting System (SIRS) helps identify where, when, how, and why students are injured at school. This information helps education officials identify safety concerns and create guidelines and prevention programs to reduce injuries and their impact on students, families, schools, and communities.

What injuries should be reported?

A reportable school injury is any injury that:

- Causes the student to miss one-half day or more of school, or
- Is serious enough to require treatment by a health care professional (such as a school nurse, doctor, EMT, emergency room staff, etc.).

This includes injuries that occur:

- While traveling to or from school,
- During school-related activities, and
- Anywhere on school property during normal school hours.

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If at any time you have questions or concerns regarding entering or editing a report, please feel free to reach to me @ 385-267-6528 or studentinjury@utah.gov.

Step 1: Create your UtahID

1. Go to [UtahID](#) and create your account.
A verification email will be sent to you.
2. Use your **professional/work email address** if possible.
We suggest also using a cell phone number.
 - Sometimes the verification code email can take a few minutes to arrive.
 - If you have questions, contact the [project owner](#) listed below.
 - If you need to use a personal email address, the project owner must provide a justification note explaining why.
3. Multi-factor authentication (MFA) is required for all new UtahID accounts.
 - New users can receive MFA codes by email or text message (SMS).
 - During initial setup, only email verification will be available until a mobile phone number is added to your UtahID profile.
4. Open the verification email and enter the code on the UtahID setup page.
5. Complete the UtahID setup process after entering the verification code.
6. After your UtahID is created, email, the [project owner](#), to let them know your account has been created. The project owner will reply when you are approved to continue to the next step.

Step 2: Complete the Administrative Form

1. Fill out the Administrative Form at: [Administrative Form](#).
2. After you submit the form, the project owner will review your information and process your REDCap access approval.

Udhhs Administrative Form AAA

Please complete the survey below.

Thank you!

Why Report?

The Student Injury Reporting System (SIRS) helps to identify where, when, how and why students get hurt at school. By using this information, education officials can pinpoint risk factors at individual schools and develop safety guidelines and prevention programs which can minimize the physical and financial impact of injury on the individual, family, school, and community.

What is Reportable?

A reportable school injury is defined as one that causes the student to miss ½ day or more of school, or is serious enough to require treatment by a health care professional (i.e. school nurse, MD, EMT, etc.). This includes injuries that happen while going to or from school, during all school-related activities and anywhere on school property during normal school hours.

Utah ID Information

Instructions for how to sign up for a Utah ID

Attachment: EXTERNAL USERS REDCap.pdf (0.06 MB)

Have you created a Utah ID? Yes No reset

Utah ID Username

Email used to sign up for Utah ID:

User information:

Name:

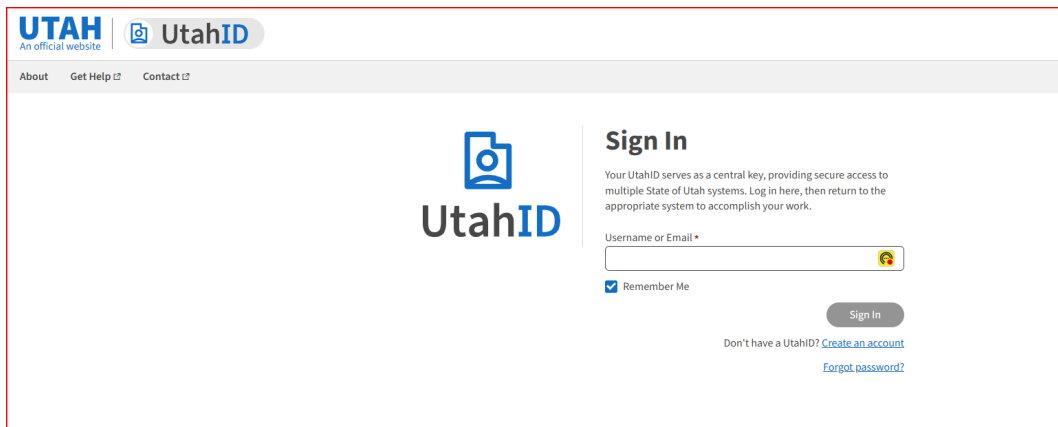
Email:

Step 3: Create your REDCap account

1. After you have:
 - Created your UtahID, and
 - Submitted and received approval for the Administrative Form,

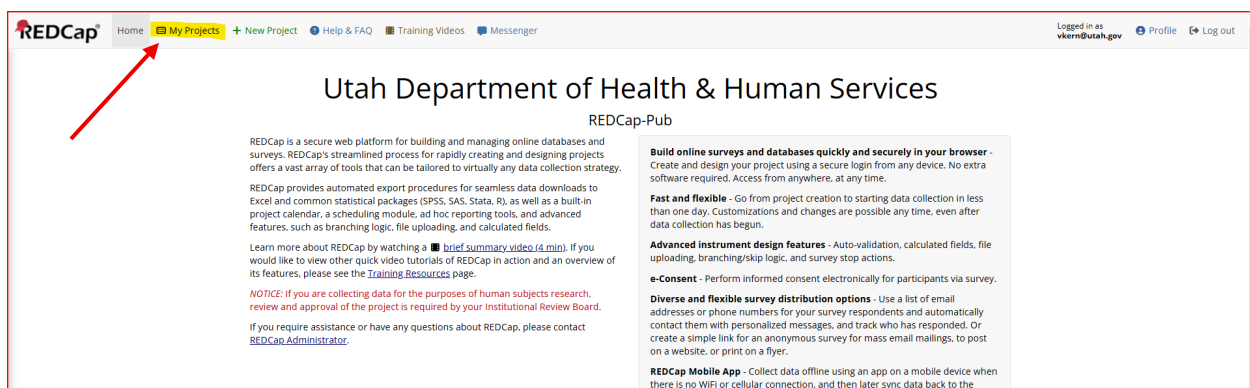
You will receive an email with instructions to create your REDCap account.

2. Before creating your REDCap account, make sure you are logged in to your UtahID at: [UtahID login](#).
3. Once logged in to UtahID, open a second browser window or tab and go to: [REDCap](#).
4. Follow the instructions to create your REDCap account.
5. After your account is successfully created, you will receive a confirmation email.

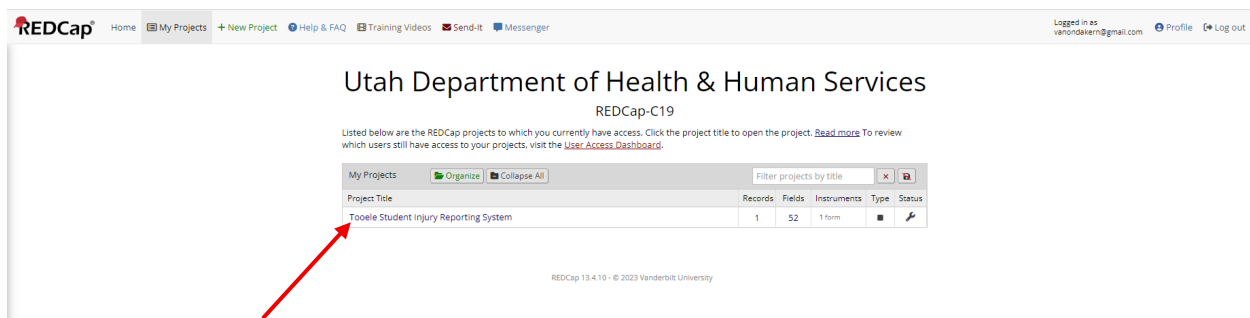


Step 4: Enter a new injury report

1. Log in to your REDCap account at: [REDCap](#)
2. After logging in, select **“My projects”** located in the top-left corner of the page.



3. You will be assigned specific school districts to work with.



4. Click on your assigned school district. You should then see the main project screen.

To enter a new injury report, click **“Add/edit records.”**

Utah Department of Health & Human Services
Office of Informatics & Data Systems

Tooele Student Injury Reporting System

Logged in as vkern@utah.gov | Log out

My Projects: REDCap Messenger, Contact REDCap administrator

Project Home and Design: Home, Setup, Codebook, Designer, Dictionary, Project status: Production

Data Collection: Record Status Dashboard, Add / Edit Records

Applications: Project Dashboards, Alerts & Notifications, Multi-Language Management, Calendar, Data Exports, Reports, and Stats, Data Import Tool, Data Comparison Tool, Logging and Email Logging, Field Comment Log, File Repository, User Rights and DAGs, Customize & Manage Locking/E-signatures, Data Quality, API and API Playground

External Modules: Manage, View Logs

Help & Information

Project Home | Project Setup | Other Functionality | Project Revision History

The tables below provide general dashboard information, such as a list of all users with access to this project, general project statistics, and upcoming calendar events (if any).

User	Expires
abyrd@tooeleschools.org (Andrea Byrd)	never
acurtis@tooeleschools.org	never
akelley@tooeleschools.org	never
awells@tooeleschools.org (Amy Wells)	never
bmyers@tooeleschools.org (Brittany Myers) [account suspended]	never
boldham@tooeleschools.org (Bonnie Oldham)	never
bpalmer@tooeleschools.org (Brandy Palmer) [account suspended]	never
cabel@tooeleschools.org	never
cgriffith@tooeleschools.org (Carla Griffith)	never
chloeroghaar@utah.gov (Chloe Roghaar) [account suspended]	08/05/2025
dhenwood@tooeleschools.org (Dana Henwood)	never
dw_serviceaccount ()	never
fgotsch@tooeleschools.org	never
hpurvis@tooeleschools.org	never
hsettell@tooeleschools.org (Hannah Settell)	never
larevie@utah.gov (Jonathan Arevle)	never

Records in project	294
Instruments in project	1
Most recent activity	05/11/2026 8:02pm
Project created	05/01/2025 6:58pm
Moved to Production status	05/01/2025 7:41pm
Space usage for docs	0.00 MB

Time	Date	Description
No upcoming events		

5. Click on “Add new record”

Utah Department of Health & Human Services
Office of Informatics & Data Systems

Tooele Student Injury Reporting System

Logged in as vkern@utah.gov | Log out

My Projects: REDCap Messenger, Contact REDCap administrator

Project Home and Design: Home, Setup, Codebook, Designer, Dictionary, Project status: Production

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External Modules: Manage, View Logs

Help & Information

Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, click the button below.

Total records: 294

Choose an existing Record ID: -- select record --

+ Add new record

Data Search

Choose a field to search: All fields (excludes multiple choice fields)

Remember this selection:

Search query:

Open on: Data Entry Form Record Home Page

6. This will open the injury report form. Please complete all required information for the report.

The first few fields are required before the report can be submitted.

If you need to add a new report to an existing student record, continue to **Step 6**.

Actions: [Download PDF of instrument\(s\)](#) [Share instrument in the Library](#) [Video: Basic data entry](#)

Student Injury Form

Current instance: #1 | [+ Add new](#) Assign record to a Data Access Group? [-- select a group --](#)

Adding new Record ID 1. (Instance #1)

Record ID 1

Administrative Information

Your Name
* must provide value

Best phone number to reach you
* must provide value

Best email to reach you
* must provide value

School Title
Please select what title best fits your job title at your school/ organization

- Advisor/Counselor
- Assistant Principal
- Bus Driver
- Coach
- Health Clerk
- Paramedics/EMT
- Playground Supervisor
- Principal
- School Nurse
- Secretary/Office Aid
- Substitute Teacher
- Teacher (excluding Coach)
- Teacher's / Playground Aid
- Trainer
- Other

School administrator signature
(Only if required by your school district) [Add signature](#)

Section Navigation

Use the links below to navigate between sections in this form.

- [Page Top](#)
- [Administrative Information](#)
- [STUDENT INFORMATION](#)
- [Description](#)
- [INJURY AREA AND SEVERITY](#)
- [Factors/ Period/ Surface/ Location...](#)
- [ACTIONS TAKEN](#)
- [Equipment](#)
- [STOP! ADMIN ONLY: A member of...](#)
- [Form Status](#)

7. The next section is for entering student information.

Important: If you receive a “**duplicate error**” after entering the student ID, this means the student already has an existing report in the system. Please follow the instructions in **Step 5 and Step 6**.

Be sure to “**Save & stay**” as you go to ensure your work is saved.

(Only if required by your school district)

STUDENT INFORMATION

Student ID# (Secondary unique field)
* must provide value
NOTE: Modifying this value will also change the value any corresponding instances of this field in other Events or Repeating Instances where this form is used.

Student's First Name:

Student Last Name

Parent First Name

Parent Last Name

Student Date of Birth M-D-Y

Student Gender
 male
 female
 other

If "other" please list below

School

School Type

Grade

Date that the injury occurred? M-D-Y

Time the injury occurred? H:M

Fatal? no
 yes

Section Navigation
Use the links below to navigate between sections in this form.

- Page Top
- Administrative Information
- STUDENT INFORMATION
- Description
- INJURY AREA AND SEVERITY
- Factors/ Period/ Surface/ Location...
- ACTIONS TAKEN
- Equipment
- STOP! ADMIN ONLY: A member of...
- Form Status

Save & Exit Form
Save & Go To Next Instance
- Cancel -
Save & Stay
Save & Exit Record
Save & Go To Next Record

8. The time field uses a slider and is displayed in military time (24-hour format).

9.

To enter the time, click on the **Clock icon** and select the correct time.

Time the injury occurred? H:M

Fatal?

Description

Description:

Choose Time

Time 15:13

Hour

Minute

Now Done

10. Enter a description of the injury in the provided field.

If there are any witnesses to the incident, please list them in this section. If there were no witnesses, you may leave the field blank.

The screenshot shows two text input fields. The first is labeled "Description:" and the second is labeled "Witnesses to the incident:". Both fields have a small speech bubble icon to their right and an "Expand" button to their right.

10. Select the **Primary injury** by clicking on the affected body area and choosing the type of injury.

There is also a section to enter a **Secondary injury** if applicable. Not all reports will include a secondary injury.

The screenshot shows the "INJURY AREA AND SEVERITY" section. It has a "Save & Go To Next Instance" button and a "- Cancel -" button. The section is divided into three parts: "PRIMARY INJURY", "PRIMARY AREA AFFECTED", and "Primary Nature of Injury".

- PRIMARY INJURY:** A list of radio button options for body areas: Chin/Cheek, Ear, Eye, Forehead, Mouth/Tongue/Lip, Neck/Throat, Nose, Head, Tooth/Teeth, Stomach, Back, Buttocks, Chest/Ribs, Collarbone, Genitalia, Internal, Pelvis/Hip, Shoulder, Ankle, Arm, Elbow, Finger/Thumb, Foot, Hand/Wrist, Knee, Leg, Toe.
- PRIMARY AREA AFFECTED:** A list of radio button options for injury types: Abrasion/Scrape, Bump/Bruise/Contusion, Burn/Scald, Concussion (possible), Cut/Laceration, Dislocation (possible), Fracture/Broken (possible), Loss of Consciousness, No Pulse/Heartbeat, Not Breathing, Pain/Tenderness Only, Puncture, Shortness of Breath, Sprain/Strain/Tear, Swelling/Inflammation, Other (Use if no other option).

Each list has a "reset" button at the bottom right. To the right of the form is a "Section Navigation" panel with a list of sections: Page Top, Administrative Information, STUDENT INFORMATION, Description, INJURY AREA AND SEVERITY (highlighted), Factors/ Period/ Surface/ Location..., ACTIONS TAKEN, Equipment, STOP! ADMIN ONLY: A member of..., and Form Status.

11. The next section is for entering **Factor, Period, Surface, Location, and Activity** related to the injury.

Note: The **Surface** field refers to the type of ground or flooring the student was on when the injury occurred.

The screenshot displays a web form for reporting a student injury. It is divided into three main sections for data entry, each with a list of radio button options and a 'reset' link. To the right of the form is a 'Section Navigation' sidebar with links to various parts of the form.

Factors/ Period/ Surface/ Location/Activity (reset)

Factor
LIST FACTOR WHICH MAY HAVE LED TO THE INJURY

- Animal bite (dog bite etc)
- Collision with object or person
- Compression/Pinch
- Contact with equipment (shop, P.E., Sharp object)
- Contact with fire, hot liquid or hot object
- Drug, alcohol or other substance
- Fall
- Foreign body/Object
- Hit with thrown object
- Overexertion/Twisted
- Seizure disorder
- Tripped/Slipped
- Unknown
- Weapon (gun, knife, etc)
- Other (Use if no other option)

Period
LIST PERIOD DURING WHICH INJURY OCCURRED

- After school
- Assembly
- Athletic Event (team competition)
- Athletic practice session
- Before school
- Class change
- Class time (exclude PE)
- Field Day
- Field trip
- Intramural competition
- Lunch
- Lunch recess
- P.E. class
- Recess
- Other (Use if no other option)

Surface
LIST FLOORING OR GROUND SURFACE ON WHICH INJURY OCCURRED

- Blacktop
- Carpet
- Concrete
- Dirt
- Gravel
- Ice / Snow
- Lawn / Grass
- Mats
- Sand
- Shredded Rubber / Wood Chips
- Synthetic surface (Spongy surface)
- Tile / Linoleum
- Wood(waxed)
- Other (Use if no other option)

Section Navigation [?]
Use the links below to navigate between sections in this form.

- [Page Top](#)
- [Administrative Information](#)
- [STUDENT INFORMATION](#)
- [Description](#)
- [INJURY AREA AND SEVERITY](#)
- [Factors/ Period/ Surface/ Locatio...](#)
- [ACTIONS TAKEN](#)
- [Equipment](#)
- [STOP! ADMIN ONLY: A member o...](#)
- [Form Status](#)

Buttons: Save & Go To Next Instance, - Cancel -

The screenshot displays a form with two main sections for selection:

- Location**
LIST LOCATION AT WHICH INJURY OCCURRED
- Activity**
LIST ACTIVITY DURING WHICH INJURY OCCURRED

Each section contains a list of radio button options. The 'Location' list includes: Athletic Field, Auditorium / Multipurpose, Bus Loading area, Classroom, Corridor / Hall (exclude stairs), Doorway, Gymnasium, Lab (Home Ec, Chem, etc.), Lunchroom / Kitchen, Playground / Playfield, restroom / Lavatory, School Bus / Public Bus, Shop (Industrial Art, etc.), Sidewalk / Stairs / Ramp, Street / Driveway / Parking Lot, and Other (Use if no other option). The 'Activity' list includes: Baseball/Softball, Basketball, Bicycling, Classroom activity, Climbing, Dance/Cheerleading, Dodge ball/War ball, Fighting, Flag/Touch Football, Football, Frisbee, Gymnastics/Tumbling, Jumping, Kickball, Playing on bars (monkey bars/big toy, etc.), Riding, Running, Roughhousing, Setting up/Moving equipment, Sliding, Sliding on ice, Sitting, Soccer, Standing, Swinging, Throwing rocks or snowballs, Track and field, Volleyball, Walking, Wrestling, Weight Lifting, 4-Square, and Other (Use if no other option). A 'reset' button is located at the top right of each list.

On the right side of the form, there is a **Section Navigation** panel with the following links:

- Page Top
- Administrative Information
- STUDENT INFORMATION
- Description
- INJURY AREA AND SEVERITY
- Factors/ Period/ Surface/ Locatio...
- ACTIONS TAKEN
- Equipment
- STOP! ADMIN ONLY: A member o...
- Form Status

12. The last 2 sections are for documenting the **Actions taken** and any **Equipment Used** related to the injury.

ACTIONS TAKEN

Days Absent
* must provide value

No absence or Less than ½ day
 ½ day
 1 day
 1½ - 2 days
 2½ - 3 days
 If more than 3 days, then specify #

Medical Attention
* must provide value

Parents deemed no medical action necessary
 Seen by M.D/ E.R./ health care provider/ hospital/ etc.

Other Actions Taken
PLEASE CHECK AND COMPLETE ALL THAT APPLY

First Aid Administered
 Parent or guardian notified
 Unable to contact parent/guardian
 Remained in or returned to class
 Sent/taken home
 Parents deemed no medical action necessary
 Checked by school Nurse
 Checked by EMT on staff
 Called 911
 Seen by M.D./E.R./health care provider/hospital/etc.
 Admitted to Hospital
 Restricted school activity
 Other
 Student transported by Ambulance

Equipment

Was equipment or apparatus involved in injury?
 yes
 no

Section Navigation

Use the links below to navigate between sections in this form.

Page Top
 Administrative Information
 STUDENT INFORMATION
 Description
 INJURY AREA AND SEVERITY
 Factors/ Period/ Surface/ Locatio...
 ACTIONS TAKEN
 Equipment
 STOP! ADMIN ONLY: A member o...
 Form Status

13. If the student was seen by a medical provider, select **“Seen by MD/ER/healthcare provider/hospital/etc.”**

A text box will then appear where you can enter the diagnosis.

Medical Attention

Parents deemed no medical action necessary
 Seen by M.D./ E.R./ health care provider/ hospital/ etc.

If Seen by MD, ER, or health care provider please state diagnosis:

14. Once the report is complete, click **“Save & exit form.”**

You may leave the report status as **“Incomplete.”** After the report is reviewed, the status will be updated to either:

- **Complete** – the report has been approved, or
- **Unverified** – additional information is needed or something may be incorrect.

Form Status

Complete? Incomplete ▾

Save & Exit Form

Save & Go To Next Instance ▾

- Cancel -

15. If you need to finish the report later, click the **down arrow** next to the **save button** to view additional save options, including the option to **“Save & exit record”**.

Note: Do not click **“Save & go to next instance.”** Selecting this option will create a new record for the current student.

Save & Exit Form

Save & Go To Next Instance ▾

- Cancel -

- Save & Stay
- Save & Exit Record
- Save & Go To Next Record

16. The section highlighted in **red** is for **DHHS personnel only**.

Please leave the report status as **“Incomplete.”** DHHS personnel will complete this section during their review.

STOP! ADMIN ONLY: A member of the UDHHS will fill out this section and get back to you if more information is needed

is the record complete? Yes no needs more information reset

if 'needs more information' please describe:

is this injury reportable? Yes No reset

if reportable, please enter diagnosis code:

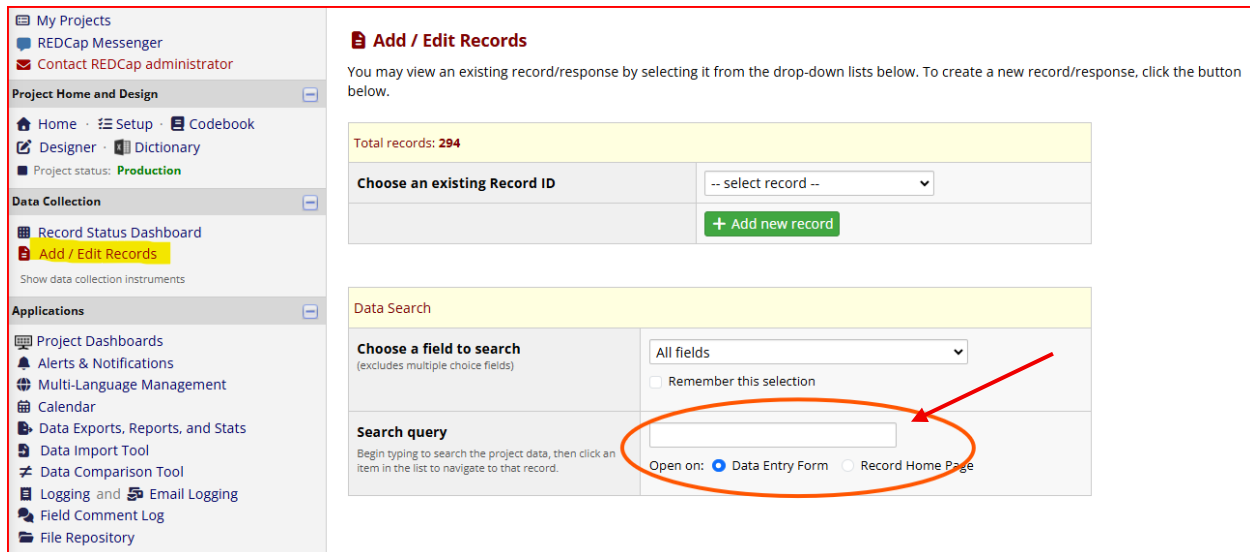
Form Status

Complete? Incomplete ▾

Step 5: Editing an injury report

1. If a report is reviewed and returned for additional information, log in to REDCap the same way you did when creating the report.

Instead of selecting **“Add new record,”** enter the student ID in the **“Search query”** field to locate the existing report.



2. After entering the student ID, the report should appear in the section below.
3. You will then see the screen shown below. To open the record, click on the small box that appears.

Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, click the button below.

Total records: **294**

Choose an existing Record ID: -- select record --

+ Add new record

Data Search

Choose a field to search (excludes multiple choice fields): All fields

Remember this selection

Search query: "87507" in Record ID 4990-2 (Student ID# 87507)

Step 6: Adding an additional report for an existing student

1. Follow the same steps listed in **Step 5** to locate and open the student’s existing report.

Once the report is open, click **“Add new.”**

Actions: Download PDF of instrument(s) | Share instrument in the Library | Video: Basic data entry

Student Injury Form

Current instance: #1 + Add new | Data Access Group: Harris Sterling

Editing existing Record ID 4990-2. (Instance #1) (Student ID# 87507)

Record ID	4990-2
	To rename the record, see the record action drop-down at top of the Record Home Page.

If you have any questions or concerns while entering a report, please contact or call 385-267-6528 or studentinjury@utah.gov.

Student Injury Report in REDCap

05/12/2026

Student Injury Report
Violence and Injury Prevention Program
<https://pubredcap.health.utah.gov/>
 (online form)



Department of Health & Human Services

STUDENT INFORMATION

1. Student ID#: _____
2. Student Date of Birth: _____ / _____ / _____
3. Student's First Name: _____
4. Student Last Name: _____
5. Student Gender: () male () female () Other _____
6. Parent First Name: _____
7. Parent Last Name: _____

SCHOOL INFORMATION

8. School District: _____
9. School Name: _____
10. Student Grade: _____
11. Date that the injury occurred: _____ / _____ / _____
12. Time the injury occurred: _____ () am () pm
13. Fatal? () yes () no

DESCRIPTION

14. Description: _____

15. Witnesses to the incident: _____

INJURY AREA AND SEVERITY

16. Primary Injury: _____

Head	Trunk	Extremities
1. Chin/Cheek	6. Neck/Throat	10. Stomach
2. Ear	7. Nose	11. Back
3. Eye	8. Head	12. Buttocks
4. Forehead	9. Tooth/Teeth	13. Chest/Ribs
5. Mouth/Tongue/Lip	14. Collarbone	14. Collarbone
		15. Genitalia
		16. Internal
		17. Pelvis/Hip
		18. Shoulder
		19. Ankle
		20. Arm
		21. Elbow
		22. Finger/Thumb
		23. Foot
		24. Hand/Wrist
		25. Knee
		26. Leg
		27. Toe
		28. Other _____

17. Primary Nature of Injury: _____

1. Abrasion/Scrape	5. Cut/Laceration	9. No Pulse/Heartbeat	13. Shortness of Breath
2. Bump/Bruise/Contusion	6. Dislocation (possible)	10. Not Breathing	14. Sprain/Strain/Tear
3. Burn/Scald	7. Fracture/Broken (possible)	11. Pain/Tenderness Only	15. Swelling/Inflammation
4. Concussion (possible)	8. Loss of Consciousness	12. Puncture	16. Other _____

FACTORS / PERIOD / SURFACE / ACTIVITY

18. Factor _____ (List factor which may have led to the injury. Record # on line at left)

1. Animal bite (dog bite etc.)	5. Contact with fire, hot liquid or hot object	9. Hit with thrown object	13. Unknown
2. Collision with object or person	6. Drug, alcohol or other substance	10. Overexertion / Twisted	14. Weapon (gun, knife, etc.)
3. Compression / Pinch	7. Fall	11. Seizure disorder	Specify _____
4. Contact with equipment (shop, P.E.)	8. Foreign body/Object	12. Tripped / Slipped	15. Other _____

19. Period _____ (List period during which injury occurred. Record # on line at left)

1. After school	4. Athletic practice session	7. Class time (exclude PE)	10. Lunch	13. P. E. class
2. Assembly	5. Before school	8. Field trip	11. Lunch recess	14. Other _____
3. Athletic event (team competition)	6. Class change	9. Intramural competition	12. Recess	

20. Surface _____ (List surface during which injury occurred. Record # on line at left)

1. Blacktop	4. Dirt	7. Lawn/Grass	10. Synthetic surface (i.e. Tartan surface)	12. Wood(waxed)
2. Carpet	5. Gravel	8. Mats	11. Tile	13. Other _____
3. Concrete	6. Ice/Snow	9. Sand		14. Shredded rubber / Wood Chips

21. Location _____ (List location at which injury occurred. Record # on line at left)

1. Athletic Field	5. Corridor / Hall (exclude stairs)	9. Lunchroom/Kitchen	13. Sidewalk / Stairs / Ramp
2. Auditorium / Multipurpose	6. Doorway	10. Playground / Playfield	14. Street / Driveway / Parking area
3. Bus loading area	7. Gymnasium	11. School bus / Public bus	15. Restroom / Lavatory
4. Classroom	8. Lab (Home Ec. Chem, etc.)	12. Shop (Industrial Arts, etc.)	16. Other _____

22. Activity _____ (List activity during which injury occurred. Record # on line at left)

1. Baseball / Softball	7. Dodge ball / War ball	13. Kickball	18. Setting up equip	24. Swinging
2. Basketball	8. Fighting	14. Playing on bars	19. Sliding	25. Throwing rocks
3. Bicycling	9. Flag / Touch football	(monkey bars / big toy / etc.)	20. Sliding on ice	29. Wrestling
4. Classroom activity	10. Football	15. Riding	21. Sitting	30. Other _____
5. Climbing	11. Gymnastics / Tumbling	16. Running	22. Soccer	
6. Dancing / Cheer	12. Jumping	17. Roughhousing	23. Standing	26. Track and field
				27. Volleyball
				28. Walking

ACTIONS TAKEN

23. Days Absent _____ (Record letter of the DAYS absent from school related to the injury on the line at left. If no absence, record letter "a")

a) Less than 1/2 b) 1/2 c) 1 d) 1 1/2 - 2 e) 2 1/2 - 3 f) If more than 3 days, then specify # _____ days

24. Medical Attention: _____ PLEASE LIST ALL THAT APPLY.

1. first aid	9. Called 911
2. Parent or guardian notified	10. Seen by MD/ED/health care provider. DIAGNOSIS: _____
3. Unable to contact parent/guardian	
4. Remained in or returned to class	11. Admitted to Hospital
5. Sent/Taken home	12. Restricted school activity
6. Parents deemed no medical action necessary	13. Other: _____
7. Checked by school nurse	14. Student transported by Ambulance
8. Checked by EMT on staff	

EQUIPMENT

25. Was equipment or an apparatus involved in the injury? () Yes () No

26. Was there any apparent malfunction of equipment? () Yes () No

27. Did equipment appear to be used appropriately? () Yes () No

28. Specify equipment: _____

Name of Person filling out report: _____ Phone: _____

Email: _____ Title/Position: _____

Principal's signature: (if needed) _____

STUDENT INJURY REPORT FORM INSTRUCTIONS

This form must be completed as soon as possible after any injury that:

- Causes the student to miss one-half day or more of school,
- Requires medical attention or treatment (such as from the school nurse, doctor, emergency room, etc.), and/or
- Must be reported according to School District policy.

Form Instructions:

Items 1–14: These sections are self-explanatory.

Item 15 – Witnesses: List any witnesses to the injury. If you don't want to use other student names, please list their Student ID number.

Items 16–17 – Primary and Secondary Injuries: Every report will include a **Primary Injury**. Some reports may also include a **Secondary Injury**. Complete the secondary injury section only if applicable.

Item 18 – Factor of Injury: Select which number best describes the nature or cause of the injury.

Item 19 – Period: Select which number best describes the time of day or class period when the injury occurred.

Item 20 – Surface: Select which number best describes the surface where the injury happened (for example: grass, concrete, gym floor, playground surface, etc.). This refers to the surface the student was standing, running, or playing on at the time of the injury.

Item 21 – Location: Select which number best describes where the injury occurred.

Item 22 – Activity: Select which number best describes what the student was doing when the injury occurred.

Item 23 – Days Absent: Enter the number of school days missed due to the injury. You may need to complete this section several days after the injury occurs.

Item 24 – Medical Attention: Select all medical care that applies. Be sure to include any diagnosis provided by a medical professional.

Equipment Section: If you answer “Yes” to equipment being used, complete Items 25–28.

Student Injury Reporting is available online at: [REDCap Student Injury Reporting](#)

To request access or registration instructions, contact: studentinjury@utah.gov or 385-267-6528