

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



**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 | 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	12. Wood(waxed)
2. Carpet	5. Gravel	8. Mats	(i.e. Tartan surface)	13. Other _____
3. Concrete	6. Ice/Snow	9. Sand	11. Tile	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 (monkey bars / big toy / etc.)	19. Sliding	25. Throwing rocks or snowballs
3. Bicycling	9. Flag / Touch football	15. Riding	20. Sliding on ice	29. Wrestling
4. Classroom activity	10. Football	16. Running	21. Sitting	30. Other _____
5. Climbing	11. Gymnastics / Tumbling	17. Roughhousing	22. Soccer	26. Track and field
6. Dancing / Cheer	12. Jumping		23. Standing	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
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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. <b>DIAGNOSIS:</b> _____
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 | 27. Did equipment appear to be used appropriately? ( ) Yes ( ) No |
| 26. Was there any apparent malfunction of equipment? ( ) 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](mailto:studentinjury@utah.gov) or 385-267-6528