

SURRY COUNTY SCHOOLS  
STUDENT/EMPLOYEE  
INJURY REPORT

Name of Student or Employee \_\_\_\_\_ Sex \_\_\_\_\_

Student's Grade \_\_\_\_\_ Student's Teacher \_\_\_\_\_ School \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time \_\_\_\_\_

Person in charge at scene of incident \_\_\_\_\_

<u>Place of Injury</u>	<u>Nature of Injury</u>	<u>Body Part of Injured</u> (Right or Left) Please circle		
<input type="checkbox"/> Classroom	<input type="checkbox"/> Abrasion (scrape)	Abdomen	Elbow	Leg
<input type="checkbox"/> Hallway	<input type="checkbox"/> Bruise	Ankle	Eye	Nose
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Burn	Arm	Face	Teeth
<input type="checkbox"/> Lunchroom	<input type="checkbox"/> Swelling	Back	Finger	Toe
<input type="checkbox"/> Playground	<input type="checkbox"/> Head Injury	Buttocks	Foot	Wrist
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Laceration (cut)	Chest	Hand	<input type="checkbox"/> Other
<input type="checkbox"/> Other _____	<input type="checkbox"/> Pain	Ear	Head	
	<input type="checkbox"/> Other _____		Knee	

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was student's parent/guardian notified?  Yes  No

Describe treatment and disposition:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Principal Signature

1 copy to Principal  
1 copy to School Nurse  
1 copy of completed form to Superintendent submitted by Principal upon receipt