

**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 _____

Place of Injury: Classroom Hallway Bathroom Lunchroom Playground Gym Other

If other indicate area: _____

Nature of Injury: Abrasion (scrape) Bruise Burn Swelling Head Injury Laceration (cut)

Pain Other _____

Body Part of Injured (please circle **right** or **left**) Abdomen Ankle Arm Back Buttocks

Chest Ear Elbow Eye Face Finger Foot Hand Head Knee

Leg Nose Teeth Toe Wrist Other _____

Describe: _____

Was student's parent/guardian notified? Yes No

Describe treatment and disposition: _____

Signature of person completing form _____ Date _____

Signature of Principal _____ Date _____

1 copy to Principal

1 copy to School Nurse

1 copy to Superintendent submitted by Principal upon receipt