Cove School District 15

Code: **EBBB-AR(1)**
Adopted: 11/11/81
Readopted: 11/13/01; 7/16/13
Orig. Code(s): 6713-2 R

Student Injury/Illness Report

Date: _____

1. Student's Name: _____ Grade: _____ Age: _____

2. Parent's Name: _____ Address: _____

3. Date of Accident: _____ Time of Accident: _____

4. Check type of injury:

☐ Abrasion (scrape wound)	☐ Dislocation	☐ Sprains
☐ Burns and Scalds	☐ Incised wound (clean cut)	☐ Other
☐ Contusion (bruised wound)	☐ Internal Injury	
☐ Fracture	☐ Laceration (torn wound)	

5. Check part of body injured:

HEAD:	☐ Scalp	☐ Skull	☐ Face	☐ Eye	☐ Lip	☐ Teeth	☐ Tongue
ARMS:	☐ Upper Arm	☐ Elbow	☐ Forearm	☐ Wrist	☐ Hand		
LEG:	☐ Upper Leg	☐ Knee	☐ Calf	☐ Ankle	☐ Foot	☐ Other	
	☐ NECK	☐ SHOULDER		☐ CHEST	☐ ABDOMEN		
	☐ BACK	☐ PELVIS					

6. Where accident occurred: _____

7. Cause of injury: _____

8. What was done for injured: _____

9. Person in charge: _____

10. Witness to accident: _____

11. Could this accident have been avoided? ☐ Yes ☐ No

12. If yes, describe: _____

_____

13. Recommendations: _____

_____

Date submitted: _____ Signed: _____

Superintendent Review: Date: _____ Signed: _____

Copy to Superintendent