

Roseville Joint Union High School District
NOTICE OF PRIVILEGED AND CONFIDENTIAL MEDICAL INFORMATION
SCHOOL INCIDENT INJURY REPORT

**Release of this document will be provided
to the appropriate requesting party by the Site Principal**

This report is to be completed for all student and visitor injuries, including, but not limited to: head, neck, eyes, teeth, ears, joints, broken bones, lacerations, stitches, amputations, etc.

Important: Complete form in pen

Grade: 9 ☐ 10 ☐ 11 ☐ 12 ☐ Other: ☐

NAME OF INJURED PERSON: _____ ☐ Male ☐ Female

NAME OF PARENT: _____ ADDRESS: _____

PHONE #: _____ DATE OF INCIDENT: _____ HOUR: _____ ☐ a.m. ☐ p.m.

WHERE DID ACCIDENT OCCUR? _____

Nature of Accident

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Bruise/Bump | <input type="checkbox"/> Fracture |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Laceration |
| <input type="checkbox"/> Cut | <input type="checkbox"/> Puncture |
| <input type="checkbox"/> Convulsion | <input type="checkbox"/> Shock |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Sprain |

Part of Body Injured

- | | | |
|----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Eye* | <input type="checkbox"/> Head |
| <input type="checkbox"/> Ankle* | <input type="checkbox"/> Face | <input type="checkbox"/> Knee* |
| <input type="checkbox"/> Arm* | <input type="checkbox"/> Finger* | <input type="checkbox"/> Leg* |
| <input type="checkbox"/> Back | <input type="checkbox"/> Foot* | <input type="checkbox"/> Teeth |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Hand* | <input type="checkbox"/> Wrist* |
| <input type="checkbox"/> Elbow* | | |

* indicate: ☐ left ☐ right ☐ both

Other _____

Other _____

WAS THE INJURED PARTY TREATED BY THE SCHOOL NURSE? ☐ YES ☐ NO

WAS THE PARENT NOTIFIED? ☐ YES ☐ NO TIME: _____ BY WHOM: _____

DESCRIBE FIRST AID ADMINISTERED AT SCHOOL AND BY WHOM _____

HOW DID INCIDENT OCCUR? If you did not observe the incident directly, what was reported to you and by whom (*Be Specific*)

INJURED PARTY DISPOSITION: ☐ Released to Parent/Guardian ☐ Recommended to have MD evaluation ☐ 911 transported

WITNESS(ES) TO INCIDENT:

NAME: _____ PHONE: _____ ADDRESS: _____

NAME: _____ PHONE: _____ ADDRESS: _____

THIS NOTICE COMPLETED BY: _____ POSITION: _____

Principal's Signature: _____ Date: _____

WHAT TO DO WHEN AN INJURY OCCURS

