

**Owosso Public Schools Health Services  
Student/Visitor Injury Report**

**Student Name:** \_\_\_\_\_ **Parent Name:** \_\_\_\_\_

**Visitor Name:** \_\_\_\_\_ **date of birth:** \_\_\_\_\_ **Sex** \_\_\_\_\_ **SS #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone: ( )** \_\_\_\_\_

**Date/Time of Injury:** \_\_\_\_\_ **Place of Injury**  Playground  Classroom  Gym  Other \_\_\_\_\_

**Brief Description of Incident:** \_\_\_\_\_

**Body Part Injured:**  Head/Face/Forehead  Eye **R L**  Teeth/Mouth/Lips  Neck/Back/Spinal Column  
 Chest/Abdomen/Pelvis  Arm/Shoulder/Wrist/Hand  Legs/Knees/Ankles/Feet  
 Swelling  Bruise  Laceration  Possible fracture or sprain  Bleeding  No apparent physical injury

**Blood/Body Fluid Contact:**  Yes  No **Name of person exposed:** \_\_\_\_\_

**Supporting Information:**  Fall  Pushed  Tripped  Other \_\_\_\_\_

**Weather Conditions:**  Sun  Clouds  Rain  Ice  Snow  Other \_\_\_\_\_

**Witnesses:** \_\_\_\_\_

**Witnessed by the Playground Supervisor:**  No  Yes **Name:** \_\_\_\_\_

**Playground Equipment Involved in Injury**

- Playground ( ) Asphalt ( ) Dirt
- Fence
- Ball
- Bat
- Slide
- Swing
- Jungle Gym
- Other \_\_\_\_\_

**First Aid Given**

- Ice  Bandage  Splint  Elevation
- Other
- Ambulance called  Yes  No
- Check by School Nurse  Yes  No  Unable
- Parent/Guardian notified  Yes  No  Unable
- Neighbor/Relative notified  Yes  No  Unable
- Student picked up from School  Yes  No  Unable

\_\_\_\_\_  
Name of Person Completing Report

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Follow Up**

\_\_\_\_\_ days absent from school

Under physician's care

Hospitalized \_\_\_\_\_ days

Stitches  Cast

Other \_\_\_\_\_

Name of person conducting follow-up  
\_\_\_\_\_

**For Administration Use – Quality Improvement**

Preventable?  Yes  No

**Guidance**

Student counseling

Playground supervisor counseling

Playground maintenance

Playground equipment repair

Other \_\_\_\_\_

Name of person conducting follow-up  
\_\_\_\_\_