

PINELLAS COUNTY SCHOOLS
STUDENT INJURY WORKSHEET

Instructions:

All school related injuries must be reported via the electronic STUDENT INJURY REPORTING (SIR) system, regardless of time or location. This form is only to be used to gather information. ALL SECTIONS must be filled out.

1. Name of Student:		2. School:		3. Grade:	
4. Date Injury Occurred:		5. Time Injury Occurred: Hour: ____ HH ____ MM ____ A.M. ____ P.M.		6. Place Injury Occurred: ____ PE Class ____ School Activity Elsewhere ____ School Building ____ School Grounds ____ To/From School	
7. Date Reported:		8. Reported by:			
9. Specific Location: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">____ Athletic Field</div> <div style="width: 33%;">____ Bus Stop</div> <div style="width: 33%;">____ Driveway</div> <div style="width: 33%;">____ Other (Specify</div> <div style="width: 33%;">____ Playground</div> <div style="width: 33%;">____ Shop</div> <div style="width: 33%;">____ Auditorium</div> <div style="width: 33%;">____ Cafeteria</div> <div style="width: 33%;">____ Exterior walkway</div> <div style="width: 33%;">____ Below)</div> <div style="width: 33%;">____ Pool</div> <div style="width: 33%;">____ Showers</div> <div style="width: 33%;">____ Bicycle</div> <div style="width: 33%;">____ Classroom # ____</div> <div style="width: 33%;">____ Gymnasium</div> <div style="width: 33%;">____ Parking Lot</div> <div style="width: 33%;">____ Restroom</div> <div style="width: 33%;">____ Stairs</div> <div style="width: 33%;">____ Bus Circle</div> <div style="width: 33%;">____ Corridor</div> <div style="width: 33%;">____ Lockers</div> <div style="width: 33%;">____ PCSB Vehicle</div> <div style="width: 33%;">____ School Bus</div> <div style="width: 33%;">____ Vendor Vehicle</div> </div>					
10. Other: _____					
11. Nature of Injury: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">____ Abrasion</div> <div style="width: 33%;">____ Burn</div> <div style="width: 33%;">____ Illness (Explain Below)</div> <div style="width: 33%;">____ Puncture</div> <div style="width: 33%;">____ Sting</div> <div style="width: 33%;">____ Bite</div> <div style="width: 33%;">____ Cut</div> <div style="width: 33%;">____ Laceration</div> <div style="width: 33%;">____ Redness</div> <div style="width: 33%;">____ Swelling</div> <div style="width: 33%;">____ Bruise</div> <div style="width: 33%;">____ Fracture</div> <div style="width: 33%;">____ No Sign of Injury</div> <div style="width: 33%;">____ Scratch</div> <div style="width: 33%;">____ Bump</div> <div style="width: 33%;">____ Hazardous Substance Exposure</div> <div style="width: 33%;">____ Overdose</div> <div style="width: 33%;">____ Sprain/ Strain</div> </div> Illness (Explain) _____ ____ Other (Explain) _____					
12. Part of Body Injured: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;">____ Abdomen</div> <div style="width: 20%;">____ Chin</div> <div style="width: 20%;">____ Foot (L/R)</div> <div style="width: 20%;">____ Leg (L/R)</div> <div style="width: 20%;">____ Nose</div> <div style="width: 20%;">____ Ankle (L/R)</div> <div style="width: 20%;">____ Ear (L/R)</div> <div style="width: 20%;">____ Forearm (L/R)</div> <div style="width: 20%;">____ Lip</div> <div style="width: 20%;">____ Ribs (L/R)</div> <div style="width: 20%;">____ Arm (L/R)</div> <div style="width: 20%;">____ Elbow (L/R)</div> <div style="width: 20%;">____ Forehead</div> <div style="width: 20%;">____ Mouth</div> <div style="width: 20%;">____ Shoulder (L/R)</div> <div style="width: 20%;">____ Back</div> <div style="width: 20%;">____ Eye (L/R)</div> <div style="width: 20%;">____ Hand (L/R)</div> <div style="width: 20%;">____ Neck</div> <div style="width: 20%;">____ Tooth</div> <div style="width: 20%;">____ Cheek (L/R)</div> <div style="width: 20%;">____ Eyebrow (L/R)</div> <div style="width: 20%;">____ Head</div> <div style="width: 20%;">____ No sign of injury</div> <div style="width: 20%;">____ Wrist (L/R)</div> <div style="width: 20%;">____ Chest</div> <div style="width: 20%;">____ Finger (L/R)</div> <div style="width: 20%;">____ Knee (L/R)</div> <div style="width: 20%;">____ Other - (Specify) _____</div> </div>					
13. Injury Details – How did injury occur? What was student doing?: _____ _____ _____					
14. Involved – Specify any tool, machine, equipment or other student(s)/person(s) involved: _____ _____					
15. Other Information – Specify any information from above or other relevant information: _____ _____					
16. Was the injury: ____ Unintentional ____ Intentional (involving fight or violence) 17. Medical Treatment Given: ____ Yes ____ No 18. By whom - name or title (Mrs. Smith, EMS, etc.)? _____ 19. Type of treatment (ice, band-aid, etc.)? _____			20. Was student transported to hospital? ____ Yes ____ No 21. If yes, where? _____ 22. By whom (EMS, School Administrator, Parent/Guardian, Other (explain)? _____ 23. Was parent/person notified? ____ Yes ____ No If no, why not? _____ 24. Name of person notified? _____ 25. Notification Time: ____ HH ____ MM ____ A.M. ____ P.M.		
26. Witness Information (name, address, phone). Use separate sheet if needed:					
27. Teacher/Coach in charge: _____ (Date)			28. Person Completing Form: _____ (Date)		
29. Principal/Administrator: _____			(Date)		