

STUDENT INJURY/ ACCIDENT REPORTING INSTRUCTIONS

TO: Principals, School Nurses and Coaches

The **REPORT OF INJURY TO STUDENT OR NON-DISTRICT EMPLOYEE** form should be filled out by the employee who witnesses the injury or the employee who is first to respond to the site where the injury occurred. This will ensure that the information is accurate and complete. Please be sure to fill out the form in its entirety, leaving no question unanswered.

What type of injury requires a Student Injury Report?

The **REPORT OF INJURY TO STUDENT OR NON-DISTRICT EMPLOYEE** form should be completed when a student is involved in an incident that causes an injury which requires –

- the student to be picked up by his/her parent or guardian for further care or monitoring
- the student seek medical treatment or there is the potential for the student to seek medical treatment
- the student be sent by the EMS to the hospital for further evaluation or treatment or any injury severe enough to require a doctor's attention
- the parent to be informed of a possible blood borne pathogen incident (i.e. One student bites another – particularly when the skin has been broken, or a skin or mouth condition
- Any injury, including athletic related injuries whether practice or game related (home or away) which requires first aid assistance from school staff personnel

When should the Student Injury Report be completed?

The **REPORT OF INJURY TO STUDENT OR NON-DISTRICT EMPLOYEE** form should be completed as soon as the injured student is stable and no longer under your care or supervision. Although the same form is used for NON-District employees, (i.e. Parents, Contractors or Vendors), injuries to these people will continue to be copied to the Business Services Office. This form will be our best resource should a problem arise in the future.

How do you find the Student Injury Report?

The **REPORT OF INJURY TO STUDENT OR NON-DISTRICT EMPLOYEE** form can be located on our website under *Staff, District Forms & Manuals – By Department, Chief Financial Officer (CFO)*.

Where should the Student Injury Report be sent once it is complete?

All accident reports should be reviewed and signed by the Building Administrator. It should be completed in a timely manner and submitted, *preferably*, within 48 hours of the incident to the Business Services Office.

**REPORT OF INJURY TO STUDENT OR NON-DISTRICT EMPLOYEE
KANSAS CITY, KANSAS PUBLIC SCHOOLS (USD #500)**

This form should be submitted within 48 hours of the incident.
Security Personnel may be assigned to investigate the incident if necessary

Please send to Raquel Ayala:

- via email at <mailto:raquel.ayala@kckps.org>
- fax (913) 279-2085
- interoffice mail: Attn: Raquel Ayala, Business Office, Central Office

All questions must be completed. Please be sure to describe the injury in detail

Name:		Date of Injury:	
Time of Injury:		Building Name:	
Age/Gender:		Reported by:	

Please check all that apply:

<input type="checkbox"/> Recess	<input type="checkbox"/> Physical Education	<input type="checkbox"/> Sports (non P.E.)	<input type="checkbox"/> Hallway	<input type="checkbox"/> Classroom
<input type="checkbox"/> Result of Fight	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Restroom	<input type="checkbox"/> Locker Room	<input type="checkbox"/> Gym
<input type="checkbox"/> Stadium	<input type="checkbox"/> Practice Field	<input type="checkbox"/> Track	<input type="checkbox"/> Pool	<input type="checkbox"/> Before School
<input type="checkbox"/> After School	<input type="checkbox"/> Off-site/Field Trip	<input type="checkbox"/> Off-Site/Sports	<input type="checkbox"/> Bus	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Stairs	<input type="checkbox"/> Elevator	<input type="checkbox"/> Playground	<input type="checkbox"/> Bleachers	<input type="checkbox"/> Auditorium

How did this injury occur?

What was the injury party doing during the time of the accident:

Name of substance or object that directly caused the injury:

Describe IN DETAIL the nature/extent of the injury – be sure to indicate in detail the body party involved:

Was first aid administered? Please describe first aid:

Did the injured party receive medical attention? Describe (include name of hospital/clinic):

Eyewitness comments (if applicable):

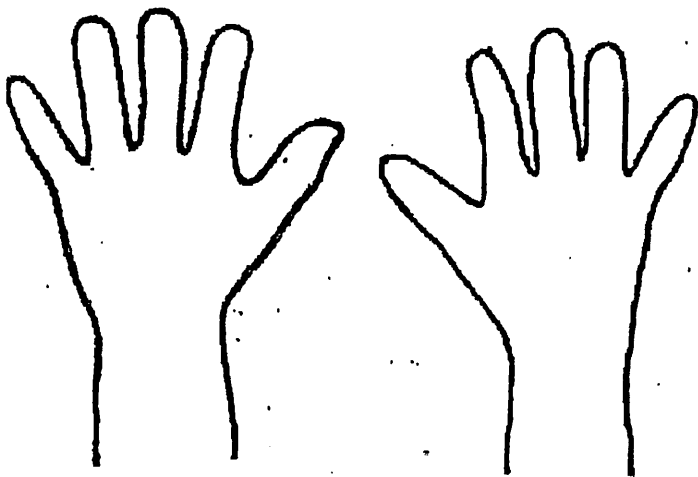
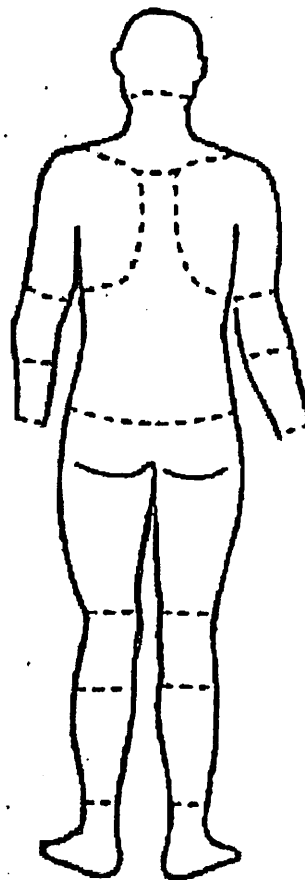
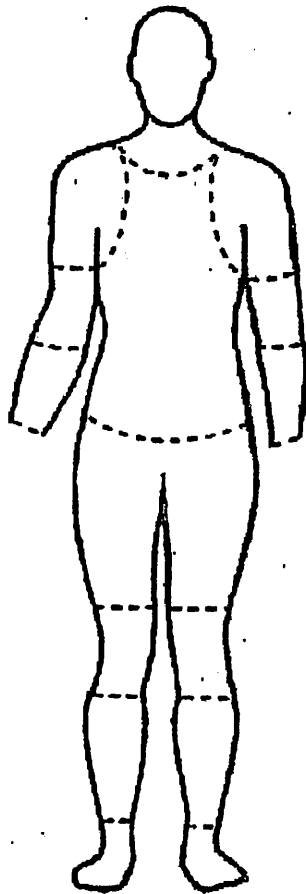
Comments from injured party:

Principal Signature:

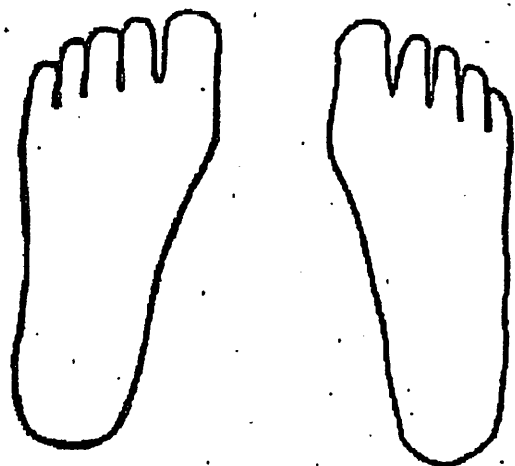
Signature & Date of Person completing this form:

Printed Name of person completing this form:

****MARK THE AREA ON THE ILLUSTRATION BELOW
WHERE YOU ARE HAVING THE SYMPTOMS DESCRIBED**



- ☐ PALM SIDE
- ☐ BACK SIDE



- ☐ TOP OF FOOT
- ☐ BOTTOM OF FOOT