



### STUDENT FIRST AID REPORT

Name of Student/Person Involved:			
Date of Birth: (MM/DD/YYYY)	Age:	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Person Type:	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Unknown
Incident Date (MM/DD/YYYY)	Incident Time:		
Incident Description (be specific about the cause of injury and body area injured):			
Location Type:	<input type="checkbox"/> Playground <input type="checkbox"/> Classroom <input type="checkbox"/> Stairs	<input type="checkbox"/> Field <input type="checkbox"/> Hallway <input type="checkbox"/> Office	<input type="checkbox"/> Gym <input type="checkbox"/> Library <input type="checkbox"/> Field Trip
Reporters Name:		Person Type:	
Witness Name:		Person Type:	
1 <sup>st</sup> Action Taken:	<input type="checkbox"/> First Aid	<input type="checkbox"/> Parent Called	<input type="checkbox"/> Hospitalized
2 <sup>nd</sup> Action Taken:	<input type="checkbox"/> First Aid	<input type="checkbox"/> Parent Called	<input type="checkbox"/> Hospitalized
Injury Type:	<input type="checkbox"/> Bruise/Swelling <input type="checkbox"/> Head Injury <input type="checkbox"/> Allergy	<input type="checkbox"/> Collapsed/Faint <input type="checkbox"/> Broken Bone <input type="checkbox"/> Seizure	<input type="checkbox"/> Burn <input type="checkbox"/> Imbedded Object <input type="checkbox"/> Heat Stroke
Reporters Signature:		Date:	
Administrator Signature:		Date:	