

**INJURY REPORT – STUDENT AND NON-EMPLOYEE  
PASADENA UNIFIED SCHOOL DISTRICT  
Pasadena, California**

Complete this report for all student and non-employee injuries. Please answer ALL questions. Send to the Health Programs Office, Education Center, 351 S. Hudson Avenue, Pasadena, CA 91109. Retain last copy for your files.

1. School/Department/Site \_\_\_\_\_ Injury Date \_\_\_\_\_ Exact Time \_\_\_\_\_  
 2. Name \_\_\_\_\_ DOB: \_\_\_\_\_ ID # \_\_\_\_\_  
 3. Home Address \_\_\_\_\_  
 4. Is Injured Person a Student? Yes \_\_\_\_\_ No \_\_\_\_\_ If Student, Parent/Guardian Name \_\_\_\_\_  
 5. Was Parent/Guardian Notified? Yes \_\_\_\_\_ No \_\_\_\_\_ How Notified? \_\_\_\_\_  
 6. Date of Notification \_\_\_\_\_ Time Notified \_\_\_\_\_ By Whom? \_\_\_\_\_  
 7. Immediate Action Taken TIME BY WHOM? (Include Title: i.e., Nurse, Student, Principal, etc.)

<input type="checkbox"/> First Aid Treatment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Returned to Class	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sent/Taken to Nurse	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sent/Taken Home	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sent/Taken to Doctor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sent/Taken to Hospital	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Paramedics/Ambulance	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> School Police	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dean	<input type="checkbox"/>	<input type="checkbox"/>

8. Nature of Injury Part of Body Injured – **Please indicate L/R**

<input type="checkbox"/> Abrasion/Scratch	<input type="checkbox"/> Abdomen	<input type="checkbox"/>	<input type="checkbox"/> Hip
<input type="checkbox"/> Amputation	<input type="checkbox"/> Ankle	<input type="checkbox"/>	<input type="checkbox"/> Knee
<input type="checkbox"/> Bite-Human/Animal	<input type="checkbox"/> Arm	<input type="checkbox"/>	<input type="checkbox"/> Leg
<input type="checkbox"/> Bruise/Contusion	<input type="checkbox"/> Back	<input type="checkbox"/>	<input type="checkbox"/> Mouth/Lip
<input type="checkbox"/> Burns/Scalds	<input type="checkbox"/> Chest	<input type="checkbox"/>	<input type="checkbox"/> Neck
<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Ear	<input type="checkbox"/>	<input type="checkbox"/> Nose
<input type="checkbox"/> Electric Shock	<input type="checkbox"/> Elbow	<input type="checkbox"/>	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Possible Concussion	<input type="checkbox"/> Eye	<input type="checkbox"/>	<input type="checkbox"/> Tailbone/Buttocks
<input type="checkbox"/> Possible Contusion	<input type="checkbox"/> Face	<input type="checkbox"/>	<input type="checkbox"/> Thumb
<input type="checkbox"/> Possible Dislocation	<input type="checkbox"/> Finger	<input type="checkbox"/>	<input type="checkbox"/> Toe
<input type="checkbox"/> Possible Fracture	<input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/> Tongue
<input type="checkbox"/> Possible Internal Injury	<input type="checkbox"/> Hand	<input type="checkbox"/>	<input type="checkbox"/> Tooth
<input type="checkbox"/> Puncture Wound	<input type="checkbox"/> Head	<input type="checkbox"/>	<input type="checkbox"/> Wrist
<input type="checkbox"/> Sprain/Strain			<input type="checkbox"/> Other

Other \_\_\_\_\_

Brief Description of Injury: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. WHERE DID INJURY OCCUR? (PLACE) IN WHAT SCHOOL CLASS/ACTIVITY WAS STUDENT INVOLVED AT TIME OF INJURY?

Classroom (number) _____	Athletics _____	Recess _____
School Grounds _____	Lunch _____	Pool _____
Off School Grounds(Location) _____	PE/Gym _____	Shop Class _____
Enroute To/From School _____	Laboratory _____	After School Prog. _____
		Other _____

ADDITIONAL HEALTH INFORMATION (If needed)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date and Time Reported to Principal/Designee \_\_\_\_\_ Date Submitted \_\_\_\_\_

Signature of Person Completing Report \_\_\_\_\_ Signature of Principal/Designee \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) is a federal law designed to protect the privacy of a student's education records. The law applies to all schools which receive funds under the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records.