

Nebo School District – Student Injury Form

Student's ID#	
Student's Name (First/Last)	
Student's Date of Birth	
Gender	
Parent's Name (First/Last)	
District Name	Nebo School District
School Name and Number	
Grade	
Date and time of Injury	Date: _____ Time: _____
Fatal	
Description of How and Where the Injury Happened:	
Affected Area and Nature of Injury	
Primary Area Affected	
Primary Nature of Injury (fracture, cut, etc.)	
Factor led to injury (fall, running, etc.)	
Surface on which injury occurred (asphalt, grass, mats etc.)	
Location during which injury occurred (gym, playground, hall etc.)	
Activity during which the injury occurred.	
Days absent from school	
Action Taken	
Action Taken (ex: first aid administered)	
Time:	
Supervisor/Teacher Name	
Work Assignment (aide, coach, teacher etc.)	
Action Taken (Sent home with parent, ambulance etc.)	
Diagnosis	
Was equipment or apparatus involved in injury?	

Contact Risk Management with any questions: 801-354-7474

NOTE: Please enter the injury in the Student Injury Reporting Site (sir.health.gov) if the injury meets the following:

A reportable school injury is defined as one that caused the student to miss ½ day or more of school, or is serious enough to require treatment by a healthcare professional (i.e. school nurse, MD, EMT, etc.). This includes injuries that happen while going to or from school, during all school-related activities and anywhere on school property during normal school hours.