INJURY REPORT

FOOTHILLS CHRISTIAN HIGH SCHOOL
2321 DRYDEN RD
EL CAJON, CA 92020
619-303-8035 / 619-741-2648

STUDENT NAME:	GRADE:	AGE:	SEX:
DATE: / TIME: / DATE OF INJURY:			

POLICY FOR REPORTING OF INJURIES

- ☐ Call School Administrator (Tom Edelen) Immediately at cell # (619) 733-5071
- ☐ Call Church Administrator (Kevin Miller) at cell # (619)922-4184
- ☐ FAX this report AND copy of Permission slip to Church Administrator
- ☐ FAX this report AND copy of Permission slip to DOUBLE HONOR INSURANCE

CHURCH INFORMATION

Foothills Christian Church
Attn. Church Administrator
FAX: (619)442-5161

DATE:_____TIME:_____AM / PM ☐faxed

INSURANCE INFORMATION

Double Honor Insurance
Attn. Jim Ketring
FAX: (760)743-2010

DATE:_____TIME:_____AM / PM
☐Faxed

DETAILS OF INJURY

NATURE OF INJURY:

- ☐ SCRAPE
- ☐ CUT
- ☐ BRUISE
- ☐ SWELLING
- ☐ SPRAIN
- ☐ POSSIBLE FRACTURE
- ☐ SPLINTER
- ☐ _____

PLACE INJURY OCCURRED:

- ☐ CLASSROOM
- ☐ STAIRWAY
- ☐ HALL
- ☐ BATHROOM
- ☐ LUNCH AREA
- ☐ PARKING LOT
- ☐ _____

KIND OF ACCIDENT:

- ☐ FALL
- ☐ STRUCK BY_____
- ☐ INSECT STING
- ☐ _____

PART OF BODY INJURED:

HEAD		TRUNK	ARMS	LEGS
☐ EARS	☐ MOUTH	☐ BACK	☐ SHOULDER	☐ HIP
☐ EYES	☐ NOSE	☐ CHEST	☐ ARM	☐ LEG
☐ SCALP	☐ NECK	☐ ABDOMEN	☐ ELBOW	☐ KNEE
☐ SKULL	☐ TOOTH	☐ SIDE	☐ HAND	☐ FOOT
☐ FOREHEAD			☐ FINGERS	☐ TOES

ACTIONS TAKEN (use comment section if needed)

TREATMENT:

- ☐ CLEANSED WOUND
- ☐ APPLIED OINTMENT / LOTION
- ☐ APPLIED BANDAGE
- ☐ REMOVED SPLINTER
- ☐ OTHER (please describe)
- ☐ APPLIED COLD COMPRESS
- ☐ RESTED INJURED PART
- ☐ APPLIED SPLINT

DISPOSITION:

- ☐ FIRST AID GIVEN (see left)
- ☐ TELEPHONE CALL TO PARENT
- ☐ NOTE TO PARENT
- ☐ NURSE NOTIFIED
- ☐ CALLED 911
- ☐ TRANSPORTED TO_____
- ☐ TRANSPORTED BY_____

COMMENTS:

ADDITIONAL INCIDENT INFORMATION (use as needed)

EVENT NAME:	LOCATION:
LEADERS INVOLVED:	LEADER'S PHONE NUMBER:
VEHICLES INVOLVED IN INCIDENT? ☐ Yes ☐ No DESCRIPTION:	POLICE REPORT? ☐ Yes ☐ No REPORT #: AGENCY / OFFICER'S NAME:
OTHER WITNESS NAME'S:	OTHER WITNESS PHONE NUMBER:

ADDITIONAL STUDENT INFORMATION

STUDENT'S ADDRESS:

PARENT / GUARDIAN NAME (and relationship to minor):	PARENT / GUARDIAN PHONE:

PREPARER'S INFORMATION

NAME:	ROLE AT THE TIME OF THE INJURY:

PREPARER: *CAREFULLY REVIEW FOR COMPLETENESS BEFORE SUBMITTING REPORT TO ADMINISTRATION FOR REVIEW*

I have filled out this injury form to the best of my knowledge of the incident. I am an eyewitness to the injury or person acting on behalf of the eyewitness.

Preparer's Signature:_____ ***Date of Report:***_____