



# WLWV Student Injury Report

Updated: August 2024

This form is used when there is an accident or sudden illness occurring to a student while under the jurisdiction of the school and resulting in suspected bodily harm that may require **first aid and possible medical attention**.

*\*If a student experienced dysregulation, but does not require first aid and possible medical attention please do not use this form. Connect with your office team for the appropriate documentation.*

## Student Information

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Date Parent Notified: \_\_\_\_\_ Parent/ Guardian Phone: \_\_\_\_\_

**Description of Incident.** Please share observed details and do not use other student names. The description must include:

- the location (e.g. classroom, hallway, gym, etc),
- the context for the injury (e.g. slip and fall, bite, insect, etc.) and
- The injured body part (e.g. abdomen, wrist- left or right, mouth, etc)

Date/Time of Incident: \_\_\_\_\_ Date/Time of Building Admin Notification: \_\_\_\_\_

Staff Documenting: \_\_\_\_\_ Staff Present: \_\_\_\_\_

## Immediate Actions Taken

**Building Leader Signature:** \_\_\_\_\_

**Please email a copy of this form to:**

Regan Altman in Student Services

Building Principal

Building Nurse