SPHEReS
School Physical Activity, Health & Education Resource for Safety

Injury Reporting Form

The information collected below will be used for the purposes of attaining particulars about the accident/injury. All of the information collected will be protected and used in compliance with the Freedom of Information and Protection of Privacy (FOIPP) Act.

Name of person completing form _____ **Phone No.** _____

Name of injured _____ **Date** (dd / mm /yyyy) _____/_____/_____

Age _____ **Sex** _____ **Gender** _____ **Grade** _____ **ID No.** _____

School _____ **Health #** _____

DATE OF INJURY (dd / mm /yyyy): _____ / _____ / _____ **TIME OF INJURY** (HH:MM): ____:____ ☐ AM ☐ PM

LOCATION OF INCIDENT _____

Indicate the one (or more) most appropriate statement(s) from each of the following section (with an 'x'):

BODY REGION(S) AFFECTED:

☐ Head	☐ Neck	☐ Upper Arm	☐ Groin
☐ Face	☐ Clavicle	☐ Elbow	☐ Thigh
☐ Eye	☐ Shoulder	☐ Forearm	☐ Knee
☐ Nose	☐ Chest	☐ Wrist	☐ Lower Leg
☐ Ear	☐ Thorax	☐ Hand	☐ Ankle
☐ Jaw	☐ Abdomen	☐ Finger	☐ Foot
☐ Teeth	☐ Back	☐ Pelvis / Sacrum	☐ Toe
☐ Other (explain):			

TYPE OF INJURY:

☐ Deformity	☐ Burn	☐ Tenderness	☐ Broken Tooth
☐ Contusion	☐ Laceration	☐ Instability	☐ Nose Bleed
☐ Abrasion	☐ Swelling	☐ Crepitus	☐ Emesis
☐ Penetration	☐ Sprain		
☐ Other (explain):			

Loss of consciousness: ☐ Yes ☐ No

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Indicate the one (or more) most appropriate statement(s) from each of the following section (with an 'x'):

FACILITY AREA:

- ☐ Gymnasium
- ☐ Hallway
- ☐ Rink
- ☐ In Transit (to / from school)
- ☐ Playing field / Tarmac
- ☐ Pool
- ☐ Locker Room / Shower
- ☐ Other (explain):

PROBABLE DIRECT CAUSE:

- ☐ Blow from object
- ☐ Collision with object
- ☐ Body contact (unintentional)
- ☐ Body contact (intentional)
- ☐ Strain / overexertion
- ☐ Other (explain):
- ☐ Fall / trip (no external factor)
- ☐ Fall / trip / balance loss (apparatus involved)
- ☐ Carelessness of student
- ☐ Obstruction
- ☐ No clear or apparent cause

DISPOSITION OF INJURED:

- ☐ Returned to activity
- ☐ Required to stop activity

TREATMENT:

- ☐ PRICE
- ☐ Ice
- ☐ Immobilization
- ☐ Airway management / AR / CPR
- ☐ Wound management
- ☐ Tape / Tensor®

ATTENDANT / CAREGIVER:

- ☐ Teacher
- ☐ Coach
- ☐ Trainer
- ☐ Physician
- ☐ Sport Therapist
- ☐ First-Responder
- ☐ EMR / EMT / Paramedic
- ☐ Parent
- ☐ Other:

TRANSPORT:

- ☐ Ambulance
- ☐ Team Transport
- ☐ Parent vehicle
- ☐ None
- ☐ Other:

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Indicate the one (or more) most appropriate statement(s) from each of the following section (with an 'x'):

FOLLOW-UP TREATMENT:

- ☐ Hospital
- ☐ Walk-in Clinic
- ☐ Family Physician
- ☐ None
- ☐ Other (explain):

POST-TREATMENT SELF CARE:

NOTE: No teacher or school staff shall give consent to a doctor for medical treatment of a student.