



Miami-Dade County Public Schools

Non-Athletic Injury Report

(*See reverse side of form for selections for items noted with an asterisk.)

Date of Report _____ Date of Injury _____ Injury Time ____:____ ____ AM/PM

Name _____ Student ID# _____

If not an M-DCPS student/employee: (Record only in Automated Incident Reporting System, not Aspen, and maintain form on file.)

Address _____

Date of Birth _____ Gender _____ Home Phone _____ Alternate _____

Describe purpose on site _____

WITNESSES

If an M-DCPS employee was present, write the employee's number/name. _____

(1) Name _____ Phone _____ Student Teacher Other

Address _____

(2) Name _____ Phone _____ Student Teacher Other

Address _____

Parent/Guardian Contact Attempted Yes No First Aid? Yes No Rescue Squad? Yes No

Physician Used? Yes No Physician Name _____

Hospital Used? Yes No Hospital Name _____

M-DCPS Student Accident Insurance? Yes No

Private Insurance? Yes No Unknown Insurance Carrier _____

School Name _____ (1) Accident Location* _____

(2) Specific Activity* _____ (3) General Activity* _____

(4) Accident Agent* _____

(5) Body Part Injured* _____ (6) Side of Body or Part Injured* _____

(7) Nature of Injury* _____

Will accident cause absence? Yes No If so, how many days? _____

Initial Treatment _____

ALL ACCIDENTS REQUIRING MEDICAL ATTENTION BEYOND FIRST AID REQUIRE INVESTIGATION. EXPLAIN DETAILS OF ACCIDENT. ANSWER WHAT, WHY, AND HOW BELOW:

Principal's Signature

Instructor

Date Report Prepared

(1) ACCIDENT LOCATION

ADMINISTRATIVE AREA/OFFICE
 AUDITORIUM
 BASEBALL FIELD
 BLEACHERS
 BOWLING ALLEY
 CAFETERIA
 CLASSROOM
 FIELD TRIP
 GOLF COURSE
 GYMNASIUM
 HALLWAY
 LOCKER ROOM
 OFF SCHOOL GROUNDS
 OUTDOOR HARDCOURTS
 PARK
 PARKING LOT
 PHYSICAL EDUCATION FIELD/MULTIPURPOSE FIELD
 PLAYGROUND
 POOL
 POOL DECK
 PRIVATE SCHOOL BUS
 PRIVATE VEHICLE
 RESTROOM
 SCHOOL BUS
 SCIENCE LAB
 SHOP/VOCATIONAL AREA
 SHOWER
 SIDEWALK
 SOFTBALL FIELD
 STADIUM
 STAIRS/STAIRWAY
 STREET
 SWIMMING POOL
 TENNIS COURT
 TRACK
 VOLLEYBALL
 WEIGHT ROOM
 OTHER - DESCRIBE IN DETAIL.

(2) SPECIFIC ACTIVITY

AUTO ACCIDENT
 AUXILIARY GROUP
 BAND/MARCHING BAND
 BASEBALL
 BASKETBALL
 BOWLING
 CHEERLEADING
 CLASSROOM ACTIVITY
 CLIMBING
 DANCE
 DODGEBALL
 DRAMA
 DRIVING
 FIELD HOCKEY
 FIGHTING
 FLAG FOOTBALL
 FOOTBALL
 GOLF
 GYMNASTICS
 JROTC
 JUMPING
 KICKBALL
 LACROSSE
 LIFTING OBJECTS
 LOWERING OBJECTS
 RECESS
 RUNNING
 SITTING
 SMALL GROUP GAMES
 SOCCER
 SOFTBALL
 STANDING
 SWIMMING
 TETHERBALL
 THROWING ROCKS
 TRACK/FIELD
 TUMBLING
 VOLLEYBALL
 WALKING
 WATER ACTIVITY
 WRESTLING
 OTHER - DESCRIBE IN DETAIL.

(3) GENERAL ACTIVITY

AFTER SCHOOL
 ASSEMBLY
 BEFORE SCHOOL
 FREE PLAY
 GOING TO/FROM CLASS
 IN-COUNTY FIELD TRIP
 INSIDE CLASSROOM
 INTERSCHOLASTIC ATHLETICS
 INTRAMURAL SPORTS
 LUNCH BREAK
 OUT-OF-COUNTY FIELD TRIP
 PHYSICAL EDUCATION
 RECESS
 OTHER - DESCRIBE IN DETAIL.

(4) ACCIDENT AGENT

ANIMAL/INSECT
 AUTOMOBILE
 BALL
 BAT
 BICYCLE
 CURB
 DOOR
 DUST
 ELECTRICAL
 FALLING/FLYING OBJECTS
 FENCE
 FLOOR
 FURNITURE
 GLASS
 HAND TOOL
 HOLE/DEPRESSION
 LOOSE/BROKEN STEP
 LOOSE/NO RAILING
 MOPED
 MOTORCYCLE
 OTHER PERSON
 OTHER VEHICLE
 PHYSICAL EDUCATION STANDARD
 PLAYGROUND EQUIPMENT
 POINTED OBJECT
 POWER MACHINERY
 POWER TOOL
 PRIVATE BUS
 PUBLIC SCHOOL BUS
 SELF
 SIDEWALK
 STAIRS/STAIRWAY
 TOXIC/CAUSTIC AGENT
 TREES/BUSHES
 WINDOW
 OTHER - DESCRIBE IN DETAIL.

(5) BODY PART INJURED

ABDOMEN
 ANKLE
 ARM
 BACK
 CHEST
 EAR
 ELBOW
 EYE
 FACE
 FINGER
 FINGERNAIL
 FOOT
 GROIN
 HAND
 HEAD
 HIP
 JAW
 KNEE
 LEG/THIGH
 MOUTH/LIP
 NECK
 NOSE
 RIBS
 SHOULDER
 TEETH
 THUMB
 TOES
 WRIST
 OTHER - DESCRIBE IN DETAIL.

(6) SIDE OF BODY OR PART INJURED

BILATERAL
 LEFT
 RIGHT
 N/A
 OTHER - DESCRIBE IN DETAIL.

(7) NATURE OF INJURY

ABRASION
 AMPUTATION
 BRUISE
 BITE: ANIMAL
 BITE: HUMAN
 BITE: INSECT
 BURN
 DENTAL
 DISLOCATION
 FOREIGN BODY
 FRACTURE
 LACERATION
 MULTIPLE INJURIES
 NOSE BLEED
 POISONING
 PUNCTURE
 RASH
 SLIP/FALL
 SPRAIN/STRAIN
 TOOTH, BROKEN/CHIPPED
 OTHER - DESCRIBE IN DETAIL.