Injury Form/ Body Check

IF STUDENT INJURY: At the end of the program day please fax this form to the Williston office at 802-662-7834 Attention: Derek Barrows (he will pass along information to BA and CC on the team) OR scan/e-mail to Derek Barrows, Case Coordinator	
Staff involved:	Recorder:
3 rd Person injury reviewed by: (someone not involved in incident, eg. nurse, special educator etc.) REQUIRED	
If there were injuries to staff AND Please circle area(s) affected on image below: Number each area if more than one.	student, complete a separate form for each Please describe the injury by circling from the following options <u>Area/Injury 1</u>
What time was the nurse alerted?	Injury Type:Bruise Redness Scratch Raised/Swollen CutBleeding: Size:Yes No0-1 inch 1-3 inches 3+ inchesShape:Round Rectangular Splotch/IrregularArea/Injury 2Injury Type:Bruise Redness Scratch Raised/Swollen CutBleeding: Size:Yes No0-1 inch 1-3 inches 3+ inchesShape:Round Rectangular Splotch/IrregularArea/Injury 3Injury Type:Bruise Redness Scratch Raised/Swollen CutBleeding: Size:Yes No0-1 inch 1-3 inches 3+ inchesShape:Bruise Redness Scratch Raised/Swollen CutBleeding: Size:Yes No0-1 inch 1-3 inches 3+ inchesShape:Bruise Redness Scratch Raised/Swollen CutBleeding: Size:Yes NoYes No0-1 inch 1-3 inches 3+ inchesShape:Round Rectangular Splotch/Irregular
What time was the nurse alerted? *This must occur unless otherwise notified by supervisor* Nurse's report/action taken (circle and describe): First Aid Only Walk In Clinic Emergency Room	