



Student Injury Report Form

Fiscal Services Division

Clear Form

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

Form #009-F04
December 2024

If a student requires medical attention due to their injury, please call the Fiscal Services, Senior Executive Secretary at 240-586-7402.

School Name: _____ Student Name: _____

Student ID: _____ Grade: _____ Birthdate: _____ Sex: _____

Parent/Guardian: _____ Phone No: _____

Home Address: _____

DATE OF INJURY: _____ TIME OF INJURY: _____ a.m. p.m.

LOCATION OF INJURY			NATURE OF INJURY			PART(S) OF BODY INJURED		
Playground	Athletic Field	Auditorium	Abrasion	Cut	Scratch	Ankle	Face	Knee
Classroom	Hallway	Gymnasium	Bruise	Fracture	Sprain	Arm	Finger	Leg
Cafeteria	Laboratory	Stairs	Burn	Laceration		Back	Foot	Mouth
Locker Room	Bus	CTC	Concussion	Puncture		Elbow	Hand	Nose
Other			Other			Eye	Head	Tooth
Other			Other			Other		Wrist
Explain:			Explain:			Explain:		

DESCRIPTION OF THE INJURY

STATEMENT #1 – INJURED PARTY

Statement from injured party:

STATEMENT #2 – SCHOOL BASED PERSON WITH KNOWLEDGE OF WHAT OCCURRED

Name: _____ Phone: _____

Position: _____

FCPS Employee FCPS Student Parent /Guardian

Visitor *HRT Nurse

If you saw the injury occur, please describe what you observed:

*Healthroom comments (from Healthroom report):

List any other witnesses you recall who were present:

SUPERVISION OF STUDENT

Who was supervising the student when the injury occurred?

Name: _____ Position: _____

ACTION TAKEN

First-aid Treatment By (Name): _____ Title: _____

Sent to School Nurse By (Name): _____ Title: _____

Sent Home By (Name): _____ Title: _____

Sent to Physician By (Name): _____ Title: _____

Name of Physician: _____

Sent to Hospital By (Name): _____ Title: _____

Name of Hospital: _____

Parent Notified When?: _____ How?: _____

Name of Individual Notified: _____ Relationship to Student: _____

By Whom? (Name): _____ Position: _____

Completed by: _____ Date: _____