

STATE OF NEW HAMPSHIRE  
SCHOOL ADMINISTRATIVE UNIT #51  
PITTSFIELD

STUDENT INJURY REPORT

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(PART A: TO BE FILLED OUT BY STAFF MEMBER AND ALL COPIES GIVEN  
TO NURSE)

School \_\_\_\_\_ Date \_\_\_\_\_

Time \_\_\_\_\_ Place \_\_\_\_\_

Name of Student \_\_\_\_\_

Description of Injury \_\_\_\_\_

How Injury Occurred \_\_\_\_\_

Staff Person in Attendance at Time of Injury \_\_\_\_\_

Staff Person's Signature \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

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(PART B: TO BE FILLED OUT BY SCHOOL NURSE AND TWO COPIES FORWARDED  
TO SCHOOL PRINCIPAL)

Nature and Extent of Injury \_\_\_\_\_

Assistance Provided \_\_\_\_\_

Staff Person Providing Assistance \_\_\_\_\_

Instructions/Recommendations \_\_\_\_\_

Name of Parent/Guardian Notified \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

Mode of Transportation Used \_\_\_\_\_

Name of Physician Notified \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

Follow Up After Physician Evaluation \_\_\_\_\_

\_\_\_\_\_  
Nurse's Signature

\_\_\_\_\_  
Principal's Signature

White - Nurse  
Yellow - Principal  
Pink - Superintendent

Time: \_\_\_\_\_ Date: \_\_\_\_\_

Received at SAU: \_\_\_\_\_

Business Administrator's  
Initials: \_\_\_\_\_