LEXINGTON CHRISTIAN ACADEMY

INJURY REPORT
2021-2022 SCHOOL YEAR

This report reflects an accurate record of the injured person's reported symptoms at the time of injury.

OVERVIEW OF INCIDENT

Date of injury: _____ **When it occurred:** _____

Name of person injured: _____ **Category:** ___ Student ___ Faculty/Staff ___ Guest

Date of Birth: _____ **Gender:** ___ Female ___ Male

Where the injury occurred: ___ Class ___ P.E. ___ Hallway ___ Lunch ___ Other: _____

Description of incident/injury:

How did the injury occur: ___ Collision With Fixed Object ___ Collision/Contact With Another Person

___ Overbalance ___Overstretch ___ Slip/Trip

___ Fall From Height/Awkward Landing

Nature of injury: ___ New ___ Recurring ___ Aggravated ___ Other: _____

Area injured:

Symptoms: ___ Blisters ___ Bleeding Nose ___Cut ___ Burn ___ Bruising/Contusion

___ Cramp ___ Dislocation ___Spinal Injury ___Suspected Bone Fracture/Break

___ Inflammation/Swelling ___ Electrical Shock ___ Cardiac Problem

DESCRIPTION OF TREATMENT

First Aid Provided By: _____ **Time of Aid:** _____

Initial Treatment: ___ No Treatment Required ___ Ice ___ Band Aid ___CPR ___RICER ___Crutches ___Sling/Splint

Additional Details:

FOLLOW-UP ACTION

___ None ___ Medical Practitioner/On-Site Trainer ___ Parent Call

___ Hospital/Clinic ___ Ambulance ___ Other: _____

Supervising Staff: _____ **Signature:** _____ **Date:** _____

Witness: _____ **Signature:** _____ **Date:** _____

Signature Of Person Completing Form: _____ **Date:** _____