Green Bay Public School District
Injury/Illness Report to Parents

Dear Parent/Guardian:

This is to inform you that your child complained of an injury or illness today. No medication was given or applied. If you have any questions or concerns, please contact this school office.

Student Name: DOB: Date: Time:

Area*(s)* injured (If head injury use head injury report): ☐ right ☐ left
☐ arm ☐ leg ☐ hand ☐ foot ☐ chest ☐ back ☐ abdomen ☐ Other: _____

Description of Injury: _____

_____

Where injury occurred:

Playground	☐	Stairway	☐	Gym	☐
Classroom	☐	Lunchroom	☐	Hallway	☐
Other: _____	☐	Tech Ed	☐		

Injury Complaint:

Abrasion/Scrape	☐	Bruise/Bump	☐	Cut/Laceration	☐
Nose Bleed	☐	Sliver (metal/wood/glass)	☐	Other: _____	

Basic treatment given *(check all that apply):*

Cleaned Wound	☐	Rested	☐	Band Aid/Bandage	☐
Pressure Applied	☐	Cold Pack	☐	Sliver removed by RN**	☐

*****Watch closely for signs of infection or if not all of a sliver came out. Signs include: pain, redness, swelling, or drainage. Seek medical care if any of these occur.***

Witness(es) of Injury: _____

Illness complaint: *(check all that apply)*

Cough	☐	Rash	☐	Runny Nose	☐
Nauseated	☐	Eye Redness	☐	Eye Drainage	☐
Stomach Ache	☐	Vomiting	☐	Headache	☐
Nosebleed	☐	Diarrhea	☐	Other: _____	

Basic Treatment given: *(check all that apply)*

Rested	☐	Warm Pack	☐	Cool Pack	☐

Temperature taken _____

Outcome: *(check all that apply):*

Student Sent Home	☐	Returned To Class	☐		

☐ Parent Contact : Time_____ Phone Message Left ☐ ☐ Emergency Contact Name:_____ Time:_____

Comments:

_____

Name of School Contact Person (please print):

Building/School Site (please print): _____ _____

Signature of Staff Member: _____

Signature of Principal/Department Supervisor: _____

Copy of this given to student date _____ time ._____ Injury documented in Infinite Campus Health Office Visits ☐ or form scanned and uploaded into IC documents tab..