

YOUTH INJURY AND ASSESSMENT FORM

Youth Name: _____ DOB: _____ Living Unit: _____

Medical Assessment and Action Taken: Date of Assessment: _____ Time: _____

Reason for Assessment:

Accident Fight Physical Response Restraints Other: _____

Vital Signs: T _____ P _____ R _____ BP _____ / _____ (As Indicated)

Youth Complaint: _____

Exam/Assessment: _____

Treatment: _____

Youth sent off site for care: Yes No **ABUSE HOTLINE NOTIFIED :** Yes No

Location: _____ Time Sent: _____ Emergency Transport: Yes No

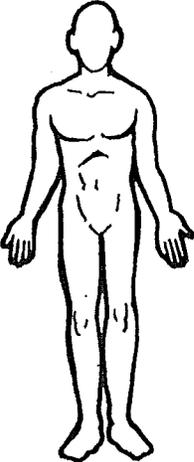
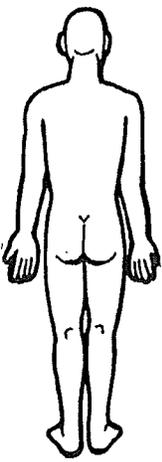
Health Services Supervisor Notified: Yes No Physician Notified: Yes No

Photo Taken: Yes No (Number of photos taken and attach to form: _____)

Restraints Reviewed: Yes No N/A (If yes, Type and any Modifications): _____

Documented on IPN: : Yes No **Incident Report available: :** Yes No

Copy for Program Integrity: : Yes No (For any alleged staff on student event)

Anatomical Front	Anatomical Back	Anatomical Notation
		<p>Note: Place an "X" in the area(s) of injury</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Nurse's Signature: _____ **Date:** _____ **Facility:** _____