

STUDENT INCIDENT/INJURY REPORT

Name of Injured Student _____ Grade _____ Age _____

Parent's Name _____

Address _____

Date of Accident _____ Time of Accident _____

Location of Accident (School and Location) _____

Explain Body Part Injured and Extent of Injury _____

Emergency Care Given By _____

Follow Up: (Complete Sections That Apply)

Pupil Remained in School _____ Parent Notified _____

Taken to Medical Clinic (Name) _____ By _____

Taken to Hospital _____ By _____

Name of Doctor _____

Witness to Accident _____

Person Reporting Accident _____

Signature of Person Making This Report _____

Signature of Person Supervising Activity or Program _____

Principal's Signature _____

***** Please make two copies of this form when complete. Keep one copy for schools records and send the original and one copy to the District Safety Coordinator.**