

INJURY REPORT

Verbal notification should be made immediately to the proper school authority and a written report submitted within 24 hours following an accident

Name of Student/Person Injured _____ Age _____ Sex: M ___ F ___

Name of School Attends _____ Grade Level _____

Parent/Guardian Name(s) _____

Home Address _____

STREET

CITY

STATE

ZIP

Home Phone _____ Business Phone _____ Parents Contacted: Yes ___ No ___

DESCRIPTION OF ACCIDENT

Date of Accident _____ Time of Accident _____ AM ___ PM ___

Location of Accident _____

Detailed Description of Accident _____

Description and Type of Injury, if any _____

MEDICAL ATTENTION

___ First aid administered by: _____

___ Taken to school nurse ___ Taken to doctor/clinic

___ Ambulance called ___ Taken to hospital

___ Returned to normal activity

___ Taken home, by whom _____

NAME OF HOSPITAL/DOCTOR

ADDRESS OF HOSPITAL/DOCTOR

___ ADMITTED ___ RELEASED