

REPORT OF INJURY

\_\_\_\_\_  
Name of Injured (Print Name) School Grade Age

\_\_\_\_\_  
Address of Injured Telephone Number

Time of Injury \_\_\_\_\_ Date of Injury \_\_\_\_\_

Exact Location \_\_\_\_\_

Accident Observed By \_\_\_\_\_ Position \_\_\_\_\_

Accident Reported By \_\_\_\_\_ Position \_\_\_\_\_

Doctor Notified (Name) \_\_\_\_\_ Time \_\_\_\_\_

Ambulance Notified (Name) \_\_\_\_\_ Time \_\_\_\_\_

Hospital Taken To \_\_\_\_\_ By Whom \_\_\_\_\_

Doctor Taken To \_\_\_\_\_ By Whom \_\_\_\_\_

Person Completing this Report \_\_\_\_\_ Title \_\_\_\_\_  
Signature

Describe Nature of Injury and Cause in Detail: (Please Print or Type)

- 1.
- 2.
- 3.
- 4.

(Use reverse side if necessary)

Supervisor's signature \_\_\_\_\_ Date & Time \_\_\_\_\_

IMPORTANT One copy to be delivered promptly to the Superintendent  
One copy to be retained by the Supervisor

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Time and date received in Superintendent's Office.