

*STUDENT
INJURY REPORT*

SCHOOL _____ **DATE OF INJURY** _____

NAME _____ **ADDRESS** _____

CITY _____ **ZIP CODE** _____

INJURY _____

OCCURRED HOW _____

OCCURRED WHEN _____

WHERE _____

CARE GIVEN _____

WITNESSES _____

REPORTED BY _____

ADMINISTRATOR SIGNATURE _____

Keep one copy for your file and send one copy to Business Office.