



Name of Student or Employee:		Sex:
Students Grade:	Students Teacher:	School:
Date of Injury:	Time:	Person in Charge at Scene of Incident:

Place of Injury: Classroom Hallway Bathroom Lunchroom Playground Gym Other

If other indicate area: _____

Nature of Injury: Abrasion (scrape) Bruise Burn Swelling Head Injury Laceration (cut)

Pain Other _____

Body Part of Injured: (please circle right or left) Abdomen Ankle Arm Back Buttocks

Chest Ear Elbow Eye Face Finger Foot Hand Head Knee

Leg Nose Teeth Toe Wrist Other _____

Describe:		
Was the student's/guardian notified?	YES	NO
Describe treatment and disposition:		

Signature of Person Completing the Form: _____ Date: _____

Signature of Principal: _____ Date: _____