

STUDENT INJURY REPORT

Name of Student: _____ Age _____ DOB _____ Telephone # _____

Name & Address of Parent / Guardian: _____

1) Injury to Body: _____ Time reported by student _____

2) Date of Injury : ____ / ____ / ____ Time _____ AM / PM (circle one) Sport Activity: _____

3) Describe in detail how the accident occurred: _____

4) Witness/Witnesses of accident: _____

5) Nature of apparent injury:(describe precise body part(s) & sign of injury, remember to specify
Left or Right. _____

6) Description of First Aid- given by whom: _____
& Where: _____

Signature of Supervisor /Teacher / Coach : _____

(Complete Question above 1-6)

Date Seen in Health Office: ____ / ____ / ____ Parent notified Yes or No by Whom _____
Care Given by Nurse: _____

Dental / Medical referral necessary (Yes or No) Where: _____

Attending MD: _____ Hospital _____

Diagnosis if known: _____

Limit or restrictions _____ Release Date: _____

Insurance claim forms, given to student / parent on (date:) ____ / ____ / ____

Signature of Nurse: _____ DATE: ____ / ____ / ____

Signature of Principal : _____

Nursing follow up : _____

Ins. Notification: ____ / ____ / ____