Report of Employee Injury by Student

Please note: If injury is severe enough to warrant medical attention, advise employee to begin the Workers' Compensation Process.

Name of School:_____

Name of Employee: _____

Student's Name: _____ DOB: _____ Grade:_____

Date of incident: _____ Time: _____ Location: _____

Describe signs and symptoms of injury:

_____

_____

_____

_____

How did injury occur? _____

_____

_____

Action taken: _____

_____

_____

Name of administrator notified: _____ By whom:_____

Parent/Guardian Notified :_____ By whom: _____

Name & title of person in charge at the time of injury: _____

Name of witness: _____

Follow-up report: _____

_____

Signature & title of person completing report: _____ Date: _____

Signature of injured employee: _____ Date: _____

Signature of principal: _____ Date:_____

Additional Comments: