



# Student Injury Report Form

Student injuries are typically covered through primary medical insurance or a student accident policy if this coverage was purchased. The district has governmental immunity which protects against non-negligent acts. **Student injury reports should be completed and retained by the district.** If there is a severe injury or on-going communication from a parent or guardian, contact the general liability adjuster at Gallagher Bassett for assistance.

Member/District Name	
Member/District Address	
Building Name	
Building Address	

Retain for Internal Purposes:

Report as Incident Only:

### Incident Information

Date of Injury		Time of Injury	
Injured Student Name	Grade	DOB	
Student Address			
Phone			
With whom the student lives		Relationship	
Home Notified		Name of person notified	
Date Notified	Time	By Whom	
Covered by Insurance?		Name of Insurance Company	
Type of Injury		Body Part Injured	

**Description of Accident: (What was the student doing when injured? Describe the injury/illness naming part of body affected. Name any object/substance involved in the injury. Describe the events leading to the injury.)**

Disposition of Incident:  Back to Class  Sent/Taken Home  Hospital  Observed in School

If Sent Home, with Whom?	
If Sent to Hospital, which one?	
Date Returned to School	



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First aid or other action taken and by whom?

If a hazard was present, was it corrected?

## Witnesses

(1) First Name

Last Name

Address

Phone

(2) First Name

Last Name

Address

Phone

**Complete the below information ONLY when submitting as an Incident Only**

**GB Client #: 010563**

**Client Name: Metropolitan Assoc for Improved School Legislation**

## Member Contact Information

Name

Title

Email Address

Phone Number

## Submitter Information

Name

Title

Email Address

Phone Number

## Form Completed By:

Name

Signature

Phone Number

Date