

REPORT OF INJURY

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|-------------------------------------|----------------------|------------------|
| Name of Injured (Print Name) | School | Grade Age |
| Address of Injured | | Telephone Number |
| Time of Injury _____ | Date of Injury _____ | |
| Exact Location _____ | | |
| Accident Observed By _____ | | Position _____ |
| Accident Reported By _____ | | Position _____ |
| Doctor Notified (Name) _____ | | Time _____ |
| Ambulance Notified (Name) _____ | | Time _____ |
| Hospital Taken To _____ | | By Whom _____ |
| Doctor Taken To _____ | | By Whom _____ |
| Person Completing this Report _____ | | Title _____ |
| Signature | | |

Describe Nature of Injury and Cause in Detail: (Please Print or Type)

- 1.
- 2.
- 3.
- 4.

(Use reverse side if necessary)

Supervisor's signature _____ Date & Time _____

IMPORTANT One copy to be delivered promptly to the Superintendent
 One copy to be retained by the Supervisor

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Time and date received in Superintendent's Office.