

Office of the Principal

Injury Report

Date \_\_\_\_\_

Name of Injured \_\_\_\_\_

Address of Injured \_\_\_\_\_

Parent's Name \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

Nature of Injury \_\_\_\_\_

How Injury Occurred \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical Attention

Was pupil given first aid at school? \_\_\_\_\_

Did school nurse see person injured? \_\_\_\_\_

Was pupil sent to doctor? \_\_\_\_\_ Name of Doctor \_\_\_\_\_

Address of Doctor \_\_\_\_\_

Were parents notified? \_\_\_\_\_

\_\_\_\_\_  
Signature of person reporting injury

Do Not Fill Out Below This Line

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Reported to Superintendent's Office \_\_\_\_\_

Not Reported to Superintendent's Office \_\_\_\_\_