



REPORT OF INJURY FORM INCIDENT/ACCIDENT

Is the injured person: Employee Student Male Female

Name of Injured: _____
Last First Middle

Date of birth: ____/____/____ Social Security ____/____/____

Age _____

Home Address: _____

Telephone Number: _____

High School Students Only: _____ Grade _____
Name of High School

Parent's Name: _____

DETAILED EXPLANATION OF INCIDENT

Date of accident: _____ Time accident occurred: _____

Location of accident: _____
Name of building/Address

Describe fully how the accident occurred: _____

Describe bodily injury sustained (be specific about body part(s) affected): _____
(continue on other side, if necessary)

First aid applied? Yes No By Whom: _____

Last day attended: _____ Date injured person returned: _____

Completed by: _____ Signature _____ Date: _____

MEDICAL INFORMATION

Name of Physican: _____ Hospital Name: _____

Address of Physcian/Hospital _____

Witness Name: _____ Phone No. _____

Teachers Name (if applicable) _____ Phone No. _____
