

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Address of parent/guardian: \_\_\_\_\_

### Injury Information

Date of injury: \_\_\_\_\_

Time: \_\_\_\_\_

Student reported incident to me:  Yes  No

Comments: \_\_\_\_\_

Place and description of injury: \_\_\_\_\_

Nature and extent of injury: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Witness(es): \_\_\_\_\_

### Procedures Followed

Was first aid administered:  Yes  No

Comments: \_\_\_\_\_

Student was taken:  Home  Clinic  Hospital  Other

Student transported by:  Parent/Family Member  Emergency Contact  Ambulance  
 Staff Member  Other

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Date of Report

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
School Administration  
Confirmation

\*\* To be completed for ALL school injuries and retained in school \*\*

For injuries requiring a physician or ambulance, the original of this report must be forwarded to the Associate Superintendent, Corporate Services and a copy retained in the school.

Follow-up

Please describe the student's recovery from the injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date returned to school: \_\_\_\_\_

\_\_\_\_\_  
Supervisor/Staff Member Name

\_\_\_\_\_  
Supervisor/Staff Member Signature