

UNDERWOOD PUBLIC SCHOOL
STUDENT INJURY REPORT
(Please fill out after every student injury)

Name of Student _____ Grade _____
Date of Injury _____ Time of Injury _____ am/pm
Place of Injury _____ Room Number or Site _____
Parent's Name _____
Address _____ Phone Number _____

CIRCUMSTANCES OF INJURY

- A. Injury Occurred:
1. Enroute to/from school _____
 2. On school grounds _____
 3. During school sponsored activity _____
 4. Other _____
- B. Under whose supervision and direction was the student at the time of the injury? _____
- C. Where did it occur? _____
- D. How did it occur? _____
- E. Nature of injury _____
- F. Was parent notified? _____ Time: _____ Response: _____

Date injury was reported to the Principal: _____

Date this report was filled out: _____

Did injury require treatment? _____ If yes, give name of Dr,
Clinic, Hospital, ect. _____

Signature and title of reporting Underwood staff person _____

_____ Date _____

Be sure to save before printing