

REPORT OF STAFF INJURY

Name of injured person: _____ Grade/Age: _____ School: _____

Address of injured: _____

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): (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

Report received in the Superintendent's Office: Date _____ Time _____