

COMSTOCK PARK PUBLIC SCHOOLS
STUDENT INJURY REPORT FORM

Injured Student _____ Phone (____) ____ - _____
(Last Name) (First Name) (Middle Initial)

Address _____
(Number and Street) (City) (State) (Zip Code)

Parent Name(s) _____ DOB ____/____/____ Sex _____

Parent Work Phone _____ Student Grade _____ Teacher _____

School Name _____

ACCIDENT DETAILS

Date of Injury ____/____/____ Time _____ (am/pm)

Location Where Injury Occurred: School Building School Grounds School Bus

To/From School Other: _____

Place of Accident: Classroom Gym Hallway/Stairwell Parking Lot

Sporting Event/Practice Playground Other: _____

Nature of Injury (Ex. Burn, Cut) _____

Part of Body (Ex. Left Eye, Right Arm) _____

Describe the Incident/Accident: (Describe fully the events which resulted in the injury. Describe what happened and how it happened. Name any objects or other students/staff involved and tell how they were involved. Give full details on all factors which led or contributed to the accident. Attach a separate sheet of paper if additional space is needed.)

Names and Phone Numbers of Witnesses: _____

Student initially attended to by: _____

First aid administered by: _____

Type of first aid administered at school: _____

Were the parents notified? Yes No Time: _____(am/pm)

If yes, name of staff member contacting parents: _____

Was medical treatment sought? Yes No If yes, where? _____

If hospital, was ambulance called? Yes No

Did student return to class? Yes No Was student sent home from school? Yes No

If yes, list adult student was released to: _____ Time: _____(am/pm)

Additional remarks: _____

Employee completing form (print name): _____

Employee signature: _____ Date _____

Administrator signature: _____ Date _____