



## 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 \_\_\_\_\_