

JAMESTOWN PUBLIC SCHOOL DISTRICT #1



STUDENT INJURY REPORT

This report must be completed by the person under whose immediate jurisdiction the injury occurred, and sent to the principal's office within twenty-four hours of the injury. This report is required in all cases of injuries involving students on school premises or participating in a school activity.

School _____ Date of Report _____

Name of Injured Student _____

Grade _____ Date of Birth _____ Age _____ Gender _____

Parent/Guardian _____ Was Parent Contacted _____

Address _____ City _____ Phone _____

Date of Injury _____ Time of Day _____ AM/PM

Time of Injury (Check one of the following)

- Before School (on site) Noon Hour (on site)
Dismissal (on site) Physical Education Period
Passing Period Recess
Other (explain) Athletics/Activities

Location of Incident: (school playground, gym, etc.) _____

Type & extent of injury: (be specific - example- ring finger left hand 1 inch cut -very deep) _____

Describe exactly what happened: _____

First Aid administered after injury: _____

Is/Was there a need to see a physician? Yes No
Is/Was hospitalization necessary? Yes No

Name two persons who witnessed the incident: 1.
2.

Signed _____ (Injured student)

Signed _____ (Person in charge)