

**PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT**

**STAFF INJURY REPORT**

*Complete and forward to the school nurse*

School: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

**INJURY INFORMATION**

**Injury Date** \_\_\_\_\_ **Injury Time** \_\_\_\_\_ **Place Where Injury Occurred** \_\_\_\_\_

**Description of Injury**

*What were you doing when the accident occurred and how did it occur?*

*State the part of body affected and how it was affected.*

*What first aid procedures were taken?*

*Did you go to a doctor?* \_\_\_\_\_ *Doctor's Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*Were you:*            *Released*            *Taken to hospital (By Whom: \_\_\_\_\_)*  
*School Nurse, Ambulance or Doctor Phoned*

*Additional Comments:*

*Witnesses:* \_\_\_\_\_

*Submitted by:* \_\_\_\_\_

*Noted:*  
\_\_\_\_\_ *Date:* \_\_\_\_\_  
PRINCIPAL

\_\_\_\_\_ *Date:* \_\_\_\_\_  
SCHOOL NURSE

\_\_\_\_\_ *Date:* \_\_\_\_\_  
BUSINESS MANAGER