PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT

STUDENT 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