# PARENT/VOLUNTEER INJURY REPORT

Madison Metropolitan School District

| **School Name:** | | | | | | |
|---|---|---|---|---|---|---|
| Last Name | First Name | Initial | Phone Number | Position/Purpose | Age | Sex |
| | | | | | | M F |
| Home address City Zip | | Date of Accident | | Time of Accident | | |
| | | | | a.m. or p.m. | | |
| Sent to Clinic/Hospital? Yes No | | Accident Location | | Fatal: Yes No | | |
| Clinic/Hospital Name:<br>Address: | | | | Cause: | | |
| Injured Body Part(s): | | Injury Type: | | | | |
| Relative Notified? Yes No<br>Sent to Nurse? Yes No | | Parent/Volunteer Taken Home? Yes No<br>If Yes, by whom: | | | | |

**DESCRIPTION: Describe accident in detail. Include location and/or event.** Use additional paper if needed.

| Description: |
|---|
| |
| Witness Name(s): |

Date: _____Report Prepared by: _____ Director, Principal or Supervisor: _____

Distribution: 1 copy: Risk Management, Human Resources Room 133
1 copy: School