STUDENT INJURY REPORT

Madison Metropolitan School District

School Name:						
Last Name	First Name	Initial	Student ID	Grade	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: Address:				Cause:		
Injured Body Part(s):		Injury Type:				
Parents/Relative Notified? Yes No Sent to Nurse? Yes No		Student Taken Home? Yes No 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