HOOD VIEW
ADVENTIST SCHOOL

# Injury Report

Please fill out this form to report an injury that occurred at school.

Student Name_____ Grade_____

Date of Injury_____ Time of Injury _____

Injury Detail

_____

_____

_____

Location of Incident (e.g., playground, classroom, gym)

_____

Injury Information (Select Injury Type) Abrasion/Scrape_____ Bruise/Contusion_____

Cut/Laceration_____Head Injury_____Sprain/Strain_____Fracture/Broken Bone_____

Other (Please describe)

_____

First Aid Administered

_____

_____

EMS Called: Yes___ No____ If so, by whom?_____

Parent Notified: Yes___ No____ If so, by whom?_____

**Reporting Person Information**

Name_____Date Submitted_____