

REGIONAL SCHOOL DISTRICT #13
DURHAM/MIDDLEFIELD, CT

STUDENT INJURY REPORT

This report should be completed and turned in at the office by the close of the school day following the day of the injury. A report should be made out for each injury which

- a. Causes a break in the class routine
- b. Will probably be reported by the student at home

These reports should be filed regardless of whether the injury results in a medical attention or a doctor's services.

Fill out this form completely so as to aid in writing of insurance forms. The teacher who was in charge of the student at the time of the injury must complete this form.

Student Name: _____

Type of Injury: _____

Date of Injury: _____ Time of Injury: _____

Where was the student and what was the activity at the time of the injury?

Description of the accident:

What first aid was given or action taken?

Witnesses: _____

Was there any improper behavior by the injured student or any other student which contributed to the accident? If so, explain.

Signature of Teacher: _____

Date Signed: _____