

WENTZVILLE SCHOOL DISTRICT
STUDENT INJURY REPORT

NAME _____ SCHOOL _____

SEX _____ AGE _____ GRADE _____ SPECIAL PROGRAM _____

TIME OF INJURY _____ MONTH _____ DAY _____ YEAR _____

NATURE OF INJURY _____

PART OF BODY INJURED _____

DEGREE OF INJURY _____

CAUSE OF INJURY _____

LOCATION OF INJURY (ROOM, PLAYGROUND, ETC) _____

ACTIVITY OF PERSON _____

WAS FIRST AID GIVEN? YES _____ NO _____

EXPLAIN PROCEDURE FOLLOWED IN ADMINISTERING FIRST AID _____

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A student injury report must be completed for each student requiring first aid or medical attention. Fill in the above information and turn the completed form in to the principal's office immediately following the accident. Principals send a copy of the report to the superintendent of schools no later than the day following the accident.
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BUILDING ADMINISTRATOR

DATE

SUPERVISOR

DATE

DRIVER'S SIGNATURE

DATE

BUS NUMBER