

STUDENT INJURY WORKSHEET

Name of Person Completing Report

Title

Date

Name of Injured Person (First, M.I., Last)

Soc Sec#/Student ID#

Date of Birth

Address of Injured Person (Number, Street, City, State, Zip)

Home/Cell Phone

Email

Date, Time, and Location of Incident

Description
of the
Accident/Incident:

Name(s) of
Witness(es) (if any) and Contact
Information:

Referred to (i.e.; home, doctor, ER, etc)

Treatment/Prophylaxis (if any)

Follow-up:

Signature of Student

Signature of Person Completing Report