

STUDENT INJURY REPORT

Reporting Supervisor Use Only

Student Name: _____

Sex (Circle One): Male Female

Date of Student Injury: _____ Time: _____

Was treatment given at worksite? (Circle One) YES NO

Was student treated in emergency room? (Circle One) YES NO

Location of Student Injury (Ex. Gym, Cafeteria, Dormitory): _____

What was student doing before incident occurred? _____

Cause of Student Injury: _____

Description of Student Injury/Illness: _____

Object or substance that directly harmed student: _____

Record-keeper Use Only

Student Date of Hire (Date of Arrival): _____

Student Date of Birth: _____

Student Home Address (Different from Center Address): _____

Student Home Phone: _____

Employee Occupation: Apprenticeship and Training _____

Student SSN: _____