

USD #303 --INJURY/INCIDENT REPORT

Name: _____ Grade: _____ Date Injury Occurred: _____ Time: _____

Under whose supervision? _____ Was he/she a witness? Y N

Location/Sport/Activity: _____

Part of the body injured: _____

Describe where, why and how incident/injury occurred:

Witnesses:

Description/assessment of injury, if any:

Action or steps taken at time of incident/injury:

____ Sent to nurse ____ Checked by athletic trainer ____ Returned to class ____ Went home

____ Parent notified ____ Parent took to doctor/ER ____ Called 911

____ Other : _____

Signature: _____ Date _____