

Alabaster City Schools
STUDENT INJURY REPORT

Instructions for use of for:

1. This form should be filled out for any student injury that occurs during schools hours, including field trips
2. Have principal of your school sign the back of form
3. Send the original by PONY to the Student Services Department at the Central Office
4. Keep a copy for your records.

School Information

School	Phone
Date of Incident	Time of Incident

Student Information

Name	Circle One: Male Female
Date of Birth	Grade

Student's Location when Incident Occurred

Give Brief Description of Injury

How did Injury Occur? (MUST BE COMPLETED BY PERSON WHO WITNESSED THE INJURY)

List Witnesses to the incident and identify by title (i.e. student, teacher, parent, etc.)

Name	Title
Name	Title
Name	Title
Name	Title
Name	Title
Name	Title

Parent/Guardian Information

Name(s)	Work Phone ()
Street Address	Home Phone ()
City	Cell Phone ()

Were Parents/guardians of the student notified? YES NO	If yes, at what time and by what means? If no, why not and was another relative or emergency contact notified?

Incident Information

Did the injury require medical attention? YES NO	If so, were medical services rendered?

Signature of Employee Completing Form

Date

Signature of Principal

Date

**If serious injury, please attach a written statement from witnesses. If witnessed by entire class, provide statement from 3 or 4 students and all adults.*