



STUDENT INJURY REPORT FORM

To Be Completed by School Official

Section 1: INJURED STUDENT INFORMATION

Name: _____ Date of Injury: _____

Building Location Injury Occurred: _____ Time of Injury: _____ ☐ AM
☐ PM

Person Injured: ☐ Student Questar III School: _____
Home School District: _____

Home Address: _____

Parent/Guardian: _____ Phone: _____
home work

Address: _____

Section 2: DESCRIPTION OF INJURY

Description of Injury: *Specify in detail how Injury occurred (attach additional pages if needed)*

Where did Injury Occur: *Indicate location injury occurred: i.e. classroom, aisle, playground, etc.*

☐ School Building: _____ ☐ School Grounds: _____
☐ School Bus: _____ ☐ Other: _____

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Injured Body Part: *For example- sprained right ankle, head injury, bruised left elbow, etc.*

Witnesses to Injury:

Name: _____ Contact: Information: _____

Name: _____ Contact: Information: _____

Section 3: ACTION TAKEN

First Aid Treatment: _____

Treated By: _____

Parent Notified: ☐ Yes ☐ No By Whom: _____ Time: _____

☐ Home School District Notified: _____ By Whom: _____ Time: _____

☐ Returned to Class

☐ Sent Home

☐ Transported To Hospital

☐ Other: _____

Report Prepared By: _____ Title: _____

Signature: _____ Date: _____

Reviewed by Principal: _____ Date: _____

(copy retained by principal and original is sent to the Questar III Business Office)

☐ Original to Questar III Business Office Date: _____

Business office sends copies to:

☐ Questar III Director of Health and Safety Date: _____

☐ Home School District Business Office Date: _____

Attn: _____

☐ Questar III Supervising Administrator Date: _____

Notify Questar III Insurance Carrier (if applicable) ☐ Yes ☐ No Date: _____