



## STUDENT INJURY REPORT FORM

### Section 1: INJURED STUDENT INFORMATION

Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Location Injury Occurred: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ ☐ AM  
(i.e. classroom, gym, auto shop, playground, etc.) ☐ PM

Questar III School Facility: \_\_\_\_\_

Home School District: \_\_\_\_\_

Student Home Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
home work

Parent/Guardian Address: \_\_\_\_\_

### Section 2: DESCRIPTION OF INJURY

Injured Body Part(s): (i.e. right ankle, left knee, head, chest, left elbow, etc.)  
\_\_\_\_\_

Description of Injury: Explain in detail how injury occurred (attach additional pages if needed)

Witnesses to Injury:

Name: \_\_\_\_\_  
Name: \_\_\_\_\_

Title: \_\_\_\_\_  
Title: \_\_\_\_\_

### Section 3: ACTION TAKEN

#### Check One

☐ First Aid Treatment      ☐ Medical Treatment      ☐ Refused Treatment

Description of Treatment:

Treatment Provided by: \_\_\_\_\_

☐ Returned to Class

☐ Picked up by Parent/Guardian

☐ Transported to Hospital      EMS Agency \_\_\_\_\_

☐ Other: \_\_\_\_\_

### Section 4: NOTIFICATIONS

Parent Notified: ☐ Yes    ☐ No    By Whom: \_\_\_\_\_ Time: \_\_\_\_\_

☐ Home School District Notified    By Whom: \_\_\_\_\_ Time: \_\_\_\_\_

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 Routing:***

☐ Questar III Program Director      Date: \_\_\_\_\_

☐ Questar III Director of Health and Safety      Date: \_\_\_\_\_

☐ Home School District Business Office      Date: \_\_\_\_\_

Attn: \_\_\_\_\_

Notification to Questar III Insurance Carrier (if applicable) ☐ No

☐ Yes    Date: \_\_\_\_\_