Woodridge Local School District

REPORT OF INJURY

_____
Name of Injured (Print Name) School Grade Age

_____
Address of Injured Telephone Number

Time of Injury _____ Date of Injury _____

Exact Location _____

Accident Observed By _____ Position _____

Accident Reported By _____ Position _____

Doctor Notified (Name) _____ Time _____

Ambulance Notified (Name) _____ Time _____

Hospital Taken To _____ By Whom _____

Doctor Taken To _____ By Whom _____

Person Completing this Report _____ Title _____
Signature

Describe Nature of Injury and Cause in Detail: (Please Print or Type)

1.

2.

3.

4.

(Use reverse side if necessary)

Supervisor's Signature _____ Date & Time _____

IMPORTANT One copy to be delivered promptly to the Superintendent
One copy to be retained by the Supervisor

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Time and date received in Superintendent's Office.