

CRAIG R-III INJURED STUDENTS REPORT FORM

Note to Teachers:

In order that we may expedite the insurance claim form for those students who are covered by insurance and so that we will have a record of those who are not, the following information must be filled out and returned to the office anytime a student is injured requiring medical attention. PLEASE SUBMIT A COPY TO THE FRONT OFFICE and the PRINCIPAL'S OFFICE.

Name of student _____ Age _____ Grade _____

Name _____ of
parent/guardian _____

Date _____ Time _____ A.M. _____ P.M. _____ of
injury _____

Date _____ and time _____ the accident was reported to school officials

Nature of injury _____

What specific activity was involved _____

Where did the accident happen _____

How did the accident happen _____

PARENTAL CONTACT MADE WITH (or attempted contact to) _____

Time of parental contact or attempted contact

duty

*Signature of the regular teacher **or** the teacher on*