

CARROLLTON COMMUNITY UNIT SCHOOLS
REPORT OF INJURY

Date _____

Time _____

Name _____

Phone _____

Address _____

Phone _____

Description of accident (include time and place)

Adult witness present _____

Name of any other witness _____

First aid treatment

Time and name of person treating injured _____

Time and name of person notifying parent/guardian _____

Student sent/taken: Home ____ Doctor ____ Dentist ____ Hospital ____

Transported by: Auto ____ Ambulance ____

Time ____ By Whom _____

Days absent from school due to injury _____

Report completed by _____ Date _____

Principal signature _____ Date _____

School Nurse signature _____ Date _____