



Student Injury Report

The supervising adult should complete this form for any significant student injuries (beyond minor cuts or abrasions). Please submit it to the Main Office ASAP.

Student Information	
Name	
Grade	
Date & Time	

Incident Details	
Activity at the Time of Injury	
Location	
Nature of Injury	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Supervising Staff Name and Role	
Staff Signature	

First Aid & Response <small>*Student First Responders to provide additional form if applicable</small>			
First Aid Provided	<hr/> <hr/> <hr/>		
First Responders On Site?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Further Treatment Recommended?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parents Contacted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ambulance Called?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Witness Information <small>(If Applicable)</small>	
Name	
Applicable Details	

Office Use Only		Principal / Vice Principal Signature	
SPP Number		Name	
Name of Office Clerk		Signature	