



# INJURY REPORT FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(First) (M.I) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

Location where injury occurred: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ AM PM

Injury: \_\_\_\_\_

How injury occurred: \_\_\_\_\_

Procedures taken following injury: \_\_\_\_\_

Facility Supervisor: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Report Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Follow Up Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_