

# Injury Report Form

## INCIDENT DETAILS

Date of Incident

Time of Incident

Location

e.g., Gymnasium, Classroom 101

## PERSON INVOLVED

Role

Select

Full Name

Student/Staff ID

Contact Number

Age

Gender

Select

## INJURY DETAILS

Description of Injury

Part of Body Injured

Injury Severity

Select

## HOW INCIDENT OCCURRED

Describe How the Incident Occurred

Witnesses (names and contact info)

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## TREATMENT AND FOLLOW-UP

First Aid Given?

Select

If Yes, Describe Treatment

Sent for Medical Treatment?

Select

If Yes, Where?

e.g., Hospital name

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## REPORT COMPLETED BY

Name

Role / Relationship

Date