

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)

TREATMENT AND FOLLOW-UP

First Aid Given?

Select

If Yes, Describe Treatment

Sent for Medical Treatment?

Select

If Yes, Where?

e.g., Hospital name

REPORT COMPLETED BY

Name

Role / Relationship

Date