



**WISCONSIN RAPIDS
PUBLIC SCHOOLS**

REPORT OF INJURY

				REPORT OF INJURY			
Injured Student's Name (First, Middle, Last)		Student Grade		Sex ___ Male ___ Female		Injured Student's Home Telephone #	
Street Address		City	State	Zip Code			
Birthday (Month/Day/Year)		School of Injury		County & state where accident or exposure occurred			
Injury Date (Month, Day, Year)		Time of Injury ___ AM ___ PM		Did injury cause death? ___ YES ___ NO			
(WITNESSES) Name of witnesses (A witness is someone who actually saw it happen, not someone who was near the area or talked to you regarding the accident).							
Injury description: What happened to cause this injury or illness? Describe the injured person's activities when the injury or illness occurred with details of how the event or exposure occurred. Include name(s) of other individuals involved. Name specific body part injured (example: R-ankle, L-knee). Specify tools, machinery, objects, chemicals, etc. that were involved in or caused the injury.							
<i>Type of injury:</i>							
<i>Part of body injured:</i>							
<i>Cause of injury:</i>							
<i>Location of accident:</i>							
<i>Degree of injury:</i>							
<i>Action taken:</i>							
Comments:							
Signature and Title of Person Completing Report						Date Reported	
Signature of Principal						Date Report was Received	

PLEASE RETAIN **ORIGINAL** IN STUDENT'S HEALTH FILE

SEND A **COPY** TO THE CENTRAL OFFICE BUSINESS SERVICES DEPARTMENT