Education Facility Injury Event Report

Injured Person Information

Full Name: [_____]

Role (Student/Staff/Visitor): [_____]

Grade/Position: [_____]

Injury Event Details

Date of Event: [_____]

Time of Event: [_____]

Location: [_____]

Description of Event:

[_____]

Injury Details

Nature of Injury: [_____]

Part of Body Injured: [_____]

Response and Action Taken

First Aid Given: [_____]

Area Secured/Action Taken: [_____]

Reported By

Name: [_____]

Contact Information: [_____]

[Submit Report]