

McIntosh County Schools



Report of Injury

Date of Injury: _____ Time of Injury: _____
Site: _____ Location: _____
Under school supervision? Yes: _____ No: _____ By Whom: _____

Injured Person Information

(CHECK ONE)

Employee: _____ (Location: _____) Student: _____ (Grade: _____) Visitor: _____

Name: _____ Age: _____ DOB: _____ SSN: _____

Sex: _____ Marital Status: _____ Phone #: _____

Address: _____

Emergency Contact Name: _____ Phone # _____

Emergency Contact Notified: Yes _____ No _____ If no, why? _____

Time of Emergency Contact Notification: _____ Details/Notes: _____

Did injured person leave school/ site due to injury? Yes: _____ No: _____

If Yes, Time: _____ Was injured person referred to outside care? YES: _____ NO: _____

If Yes, where? (Name & Address of Treating Practitioner):

Date person first received care for treatment: _____

Describe activity surrounding injury:

Injury Details/ Body part Injured:

Details of action/ care given:

Additional Notes:

Date of Report: _____ Time of report: _____

Reported by: _____ To Whom? _____

Administrator Notified: _____ Central Office Notified: _____

Employee Signature: _____ **Date:** _____