

Injury Reporting

Injury Report Form

Name: _____ Student Employee Third Party

Address: _____

School: _____ Age: _____ Grade: _____ Sex: _____

Date: _____ Time: _____ Who Reported Accident: _____

Place Accident occurred: (gym, classroom, hall, cafeteria, etc.) _____

Describe Accident: _____

Part of body Injured: _____

Type of Injury: (bruise, sprain, scrape, etc.) _____

Was first aid given? _____ By Whom? _____

Describe First Aid Care Administered: _____

Injured Disposition To:

Class Home Hospital Doctor's Office Other _____

By Whom: _____

Name and Address of Physician Handling Case: _____

Parent or guardian notified? _____ How? _____

Witness(es) to accident or illness:

Name and address: _____

Name and address: _____

Signature of Person Filing Report

Date

Signature of Principal

Date

Submit copy of the Report within 24 hours via the web-based application at <http://esa.dc.gov>

OPEFM Safety Unit, Penn Center: Phone: 202-576-8962 E-mail: Safety.department@dc.gov