

SCHOOL DISTRICT OF RIB LAKE

INJURY REPORT

Name of School _____

Student Name _____

Age _____ Grade _____ Gender _____

Parents Name _____

Parents Address _____

Date of Injury _____ Time of Injury _____

Type of Injury: Athletic _____ Game _____ Practice _____ Student _____

What Sport _____

Describe in Detail How and Where the Injury Occurred _____

Part of Body Injured _____ R: _____ L: _____

Staff Member(s) Supervising at Time of Injury _____

Did Supervising Staff Member Witness the Injury? _____ Yes _____ No