

503.6IF Glenwood Community School District Injury Report

Name _____ M/F _____ DOB ____/____/____
Last First Circle Month Day Year

Grade/Room _____ School _____

Time of Injury _____ Date of Injury _____

Place Accident Occurred _____

Description of Incident _____

Staff Member Present _____

Action by Staff:

First Aid _____

At _____ By _____

Injury to _____ Assessment of Injury _____

Parent/Guardian Notified at _____ by _____

Parent/Guardian Name _____

Recommendation for further treatment _____

Action taken by Parent/Guardian _____

Student absent from school _____ Yes _____ No _____ Number of Days _____

Student hospitalized _____ Yes _____ No _____ Number of Days _____

Nurse Signature _____ Date _____

Teacher Signature _____ Date _____

Principal Signature _____ Date _____

*Adopted: 12/13/10

*Revised: 02/11/13

*Reviewed: 09/18/17