## INJURY REPORT

SCHOOL:

NAME OF INSURED		GRADE	AGE
DATE OF ACCIDENT	TIME OF ACCIDEN	Т	
PLACE OF ACCIDENT			
HOW DID ACCIDENT HAPPEN (GIVE ALL DETA SCHEDULED GAME, OTHER)			
DESCRIBE INJURY IN DETAIL (WAS IT A SP PARTICULAR SIDE OF THE BODY, SPECIFY V KNEE", SPECIFY WHAT HAPPENED TO THE RIG	WHAT SIDE. FOR EX	XAMPLE, DO	ON'T JUST SAY, "RIGHT
ANY WITNESSES: WHO:			
DID ACCIDENT HAPPEN WHILE UNDER THE AT OFFICIAL? ( ) YES ( ) NO – IF "YES", GIV RETURNING FORM TO OFFICE):			
NAME & TITLE OF SCHOOL OFFICIAL	SIGNATURE	OF SCHOOL	OFFICIAL
HAVE YOU SEEN A DOCTOR OR RECEIVED MEI ( ) YES ( ) NO. (IF YOU HAVE SCHOOL INSUR THE BILLS BE SENT DIRECTLY TO YOUR COMPANY, AS A CLAIM FORM MUST ACC COMPANY WILL SEND THE BILLS BACK FOR A A DELAY IN REIMBURSEMENT.)	ANCE AND RECEIVE HOME – NOT MAIL COMPANY ANY BIL	D MEDICAL ' ED DIECTL' LS; OTHERV	TREATMENT, ASK THAT Y TO THE INSURANCE WISE, THE INSURANCE
STUDENT'S SIGNATURE – DATE	PARENT'S S	IGNATURE –	DATE
PLEASE RETURN THE INJURY REPORT TO TO COMPLETELY. BE SURE ALL SIGNATURES ARE ***********************************	E AFFIXED.		
DATE FORM GIVEN TO STUDENT  DATE FORM RETURNED TO OFFICE  DATE CLAIM FORM GIVEN TO STUDENT  SECRETARY'S INITIALS	NAME APPEA	RS ON PAGE I LINE N	SURANCE? NO O
	PRINCIPAL'S	SIGNATURE/I	DATE