



# Avon Local Schools Staff Injury Report

Name: \_\_\_\_\_ School: \_\_\_\_\_

Position: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Where injury occurred: \_\_\_\_\_

To whom did you report the injury? \_\_\_\_\_

Please give a short explanation of the injury:

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Could this injury have been prevented?    Yes \_\_\_\_\_ No \_\_\_\_\_

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Was professional medical help necessary?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, with whom? Please give name, address and phone number (s).

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Supervisor's Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_