



Avon Local Schools Student Injury Report

Student's Name: _____ Grade: _____

Date: _____ Time: _____ Place: _____

Date of Accident: _____ Supervising Teacher: _____

Was the report made to the office immediately? _____ To home immediately? _____

To local physician? _____ To emergency squad? _____

Person making the calls: _____

Type of injury: _____ Treatment: _____

School Administrator: _____

Student's Report

How did the accident happen? _____

Was any other student responsible for the accident? _____ Were you responsible? _____

Could this accident have been prevented? _____ Did you report the accident to your instructor at once?

_____ If no, why not? _____

Injured Student: _____

Teacher's Report

Was the teacher actively supervising class? _____ What was the activity? _____

How did the accident happen? _____

Did the student report the accident at once? _____ If not, what was your first knowledge of the accident?

Could this accident have been avoided? _____

Was the report made immediately to the office (or doctor)? _____

Injury? _____

Supervising Teacher: _____