ASCENT ACADEMIES

Student Injury Report

Name of Student _____

Parent/Guardian _____

Address _____ *Phone* _____

Grade _____ Age _____ Date of Injury_____Time of Injury_____ ☐AM ☐PM

Location of Injury (including campus)_____

_____

Reported to:_____ Time Reported: _____

Witnesses: _____

_____

The accident occurred while the student was participating in:

Interscholastic Sports		Other Activities
☐ Practice	Sport: _____	☐ Classroom
☐ Game		☐ Gymnasium
☐ Travel		☐ Physical Education
		☐ On School
Grounds/Playground		
		☐ Other? _____

Describe the accident: _____

_____

_____

_____

Describe the injuries and any first aid provided: _____

_____

_____

_____

Signature _____

Date

Reviewed by Campus Director _____

Campus Director *Date*

This form should be completed by the school employee with the most first hand knowledge of the incident.