



## STUDENT INJURY REPORT

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

Address: \_\_\_\_\_  
                    Number                    Street                    City                    Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_ SSN or Student ID# \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address of Parent or Guardian: \_\_\_\_\_  
                                    Number                    Street                    City                    Zip Code

Parents Place of Employment \_\_\_\_\_  
                                    (Mother)

                                    (Father)

DATE OF INCIDENT: \_\_\_\_\_

Describe the precisenature of the injury; describe HOW and WHEN the accident occurred:

INTERSCHOLASTIC SPORT~~ENT~~ in which the student was participating:

\_\_\_\_\_  
(If none, state NONE)

If student injured is enrolled in CJTC Academy, is this studenbeing sponsored? If yes, please name the organization. YES: \_\_\_ \_\_\_\_\_ NO

Name of doctor seen: \_\_\_\_\_ Address: \_\_\_\_\_

Other: \_\_\_\_\_

Has treatment ended? YES NO

Do YOU or YOUR PARENØR GUARDIAN have any:

Group, Blanket or FranchiseInsurance

Blue Cross,Blue Shield or any Prepayment Plan

Union, Employer, Trustee, orEmployee Benefit Organizational Plan

Any government program or coverage required or provided by statute

If so, list name of companies and claims office address and policy number:

Please report to W K H & L V O D Q D J H P H Q W 2ffice theofnurses, physical therapists, anesthetists, etc., connected with your case.