



Reagan County Independent School District
 1111 E. 12th Street
 Big Lake, Texas 76932
 Phone: 325/884-3705 Fax: 325/884-3021



Student Injury Report

Verbal Notification should be made immediately to the proper school authority and a written report submitted within 24 hrs. following the accident.

Name of the Student Injured: _____ Age: _____ Sex: M ___ F ___

Name of the School Student Attends: _____ Grade Level: _____

Parent/Guardian Name(s): _____

Home Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Parents Contacted: Yes ___ No ___

Description of Accident

Date of Accident: _____ Time of Accident: _____ AM ___ PM ___

Location of Accident: _____

Detailed Description of Accident: _____

Description and Type of Injury , If any: _____

MEDICAL ATTENTION:

Y ___ N ___ First Aide Administered – if YES, name of person giving First Aide _____

___ Taken to School Nurse ___ Taken to Doctor/Clinic

___ Ambulance called ___ Taken to hospital.

___ Returned to normal activity ___ Taken home, by whom _____

Name of Hospital/Doctor: _____

Address of Hospital/Doctor: _____

___ Admitted ___ Released

Signature/Date of Person Filing Report: _____