

## STUDENT INJURY REPORT

E-mail:	Name:	Date:				
Phone: (	Address:					
E-mail:	Number	Street	City		Zip Code	
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 precise nature of the injury; describe HOW and WHEN the accident occurred:  INTERSCHOLASTIC SPORT/EVENT in which the student was participating:	Phone: ()		Date of Birth:			
Address of Parent or Guardian:    Number   Street   City   Zip Code	E-mail <u>:</u>	SSN or Student ID#				
Parents Place of Employment:  (Mother)  (Father)  DATE OF INCIDENT:  Describe the precise nature of the injury; describe HOW and WHEN the accident occurred:  INTERSCHOLASTIC SPORT/EVENT in which the student was participating:  (If none, state NONE)	Name of Parent or Guardian: _					
Parents Place of Employment:  (Mother)  (Father)  DATE OF INCIDENT:  Describe the precise nature of the injury; describe HOW and WHEN the accident occurred:  INTERSCHOLASTIC SPORT/EVENT in which the student was participating:  (If none, state NONE)	Address of Parent or Guardian:					
(Mother)  (Father)  DATE OF INCIDENT:  Describe the precise nature of the injury; describe HOW and WHEN the accident occurred:  INTERSCHOLASTIC SPORT/EVENT in which the student was participating:  (If none, state NONE)		Number	Street	City	Zip Code	
(Father)  DATE OF INCIDENT:  Describe the precise nature of the injury; describe HOW and WHEN the accident occurred:  INTERSCHOLASTIC SPORT/EVENT in which the student was participating:  (If none, state NONE)	Parents Place of Employment:					
DATE OF INCIDENT:  Describe the precise nature of the injury; describe HOW and WHEN the accident occurred:  INTERSCHOLASTIC SPORT/EVENT in which the student was participating:  (If none, state NONE)		(Mothe	er)			
Describe the precise nature of the injury; describe HOW and WHEN the accident occurred:  INTERSCHOLASTIC SPORT/EVENT in which the student was participating:  (If none, state NONE)		(Father			_	
INTERSCHOLASTIC SPORT/EVENT in which the student was participating:  (If none, state NONE)			DAT	E OF INCIDENT	·	
(If none, state NONE)	Describe the precise nature of the	ne injury; describe HC	DW and WHEN the	accident occur	red:	
(If none, state NONE)						
(If none, state NONE)	INITEDS CLICK ACTIC CDODT (EV)	NI <del>T.</del>				
·	INTERSCHOLASTIC SPORT/EVE	N1 in which the stud	ient was participati	ng:		
If student injured is enrolled in CJTC Academy, is this student being sponsored? If ves, please name the		(If none	e, state NONE)			
	If student injured is enrolled in (	CJTC Academy, is this	s student being spo	onsored? If yes, p	please name the	
organization. YES: NO:	organization. YES:	r	NO:			
Name of doctor seen: Address:	Name of doctor seen:		Address:			
Other:	Other:					
Has treatment ended? YES: NO:	Has treatment ended? YES:	NO:				

Do YOU or YOUR PARENT OR GUARDIAN have any:

- 1. Group, Blanket or Franchise Insurance
- 2. Blue Cross, Blue Shield or any Prepayment Plan
- 3. Union, Employer, Trustee, or Employee Benefit Organizational Plan
- 4. Any government program or coverage required or provided by statute

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