



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.