



Body Part Injured (Circle One)					
01	Abdomen	11	Groin	21	Shoulder
02	Ankle	12	Hand	22	Teeth/Mouth/Jaw
03	Arm	13	Heart	23	Toe
04	Back	14	Hip	24	Wrist
05	Chest	15	Knee	25	Multiple
06	Ear	16	Leg		
07	Eye	17	Lung	50	Other
08	Face	18	Neck	60	No Injury
09	Finger	19	Pelvis		
10	Foot	20	Scalp		

Narrative Description Of Incident

**At the time of the incident:**

Name Of Supervisor In Charge: \_\_\_\_\_

Was he/she present?    Yes        No

Did incident result in loss of payment (medical / liability)?    Yes        No

First Aid Rendered By: \_\_\_\_\_

Time: \_\_\_\_\_

Were Parents Notified:    Yes        No

By Who: \_\_\_\_\_

When: \_\_\_\_\_

Remarks

Principal's Signature \_\_\_\_\_

Nurse's Signature \_\_\_\_\_

Signature of Person Filing Report \_\_\_\_\_

Date Of Report \_\_\_\_\_