

**THORNAPPLE KELLOGG SCHOOLS**

Middleville, Michigan 49333

**INJURY REPORT**

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

Building \_\_\_\_\_ Time \_\_\_\_\_

Grade \_\_\_\_\_ or POSITION \_\_\_\_\_

Staff Member/Supervisor in Charge \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Left \_\_\_\_\_ Right \_\_\_\_\_

Location of Injury (Building Area – Playground – Bus - Pool, etc.) \_\_\_\_\_

\_\_\_\_\_

Circumstances \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian or Spouse notified (if necessary)? \_\_\_\_\_

Disposition of Case \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Member/Supervisor \_\_\_\_\_

Signature

Date

Building Administrator \_\_\_\_\_

Signature

Date