

ALBANY CITY SCHOOLS
 904 Talbot Avenue
 Albany, California 94706

INJURY REPORT

_____ School _____ 19 _____

Name of Student _____ Age _____ Grade _____

Name of Parent _____

Address _____ Telephone _____

Date of accident _____ Hour _____

Witnesses _____

Details of accident and injury _____

First aid measures taken _____

Name and address of doctor who treated injury _____

Probable length of disability _____

Nature of Injury:

- Abrasion _____
- Bruise _____
- Burn _____
- Concussion _____
- Cut _____
- Fracture _____
- Laceration _____
- Puncture _____
- Sprain _____
- Other (Specify) _____

Part of Body Injured:

- Ankle _____
- Arm _____
- Back _____
- Elbow _____
- Eye _____
- Face _____
- Finger _____
- Foot _____
- Hand _____
- Head _____
- Knee _____
- Leg _____
- Nose _____
- Scalp _____
- Tooth _____
- Wrist _____
- Other (specify) _____

Specify Activity Location

- Athletic Field _____
- Apparatus _____
- Auditorium _____
- Classroom _____
- Corridor _____
- Dressing Room _____
- Gymnasium _____
- Home Econ. _____
- Laboratories _____
- Lavatory _____
- Pool _____
- School Grounds _____
- School Shop _____
- Showers _____
- Stairs _____
- Other _____

School Insurance	Yes	No
Football CIF	Yes	No

Safety recommendation (s) _____

Days absence due to injury _____ Teacher _____

Principal _____

Superintendent _____