

**Medford Area Public School District**

**Staff/Student Accident/Injury Report Form**

**In case of accidental injuries to staff or students, all of the following information must be reported and returned to the office within 1-2 days of the injury.**

Name of Injured:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Injury:	Time of Injury: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Place/Location Injury occurred:		
Under whose supervision:		Was he/she a witness: <input type="checkbox"/> Yes <input type="checkbox"/> No
The accident was incurred while the insured was participating in:		
NON-INTERSCHOLASTIC SPORTS		INTERSCHOLASTIC SPORTS
<input type="checkbox"/> Travel to/from School	Name of Sport:	
<input type="checkbox"/> In Classroom	<input type="checkbox"/> Practice	
<input type="checkbox"/> Physical Education	<input type="checkbox"/> Game	
<input type="checkbox"/> On School Grounds	<input type="checkbox"/> Travel	
<input type="checkbox"/> Non-School Activity		
<input type="checkbox"/> Other - Activity?		
Part of Body Injured:		<input type="checkbox"/> Right <input type="checkbox"/> Left
Describe in detail how and where the injury occurred:		
Reported By:	Title:	Date:

**Return to: MASH - Guidance Office, MAMS, MAES & SES Main Office**