

**REPORT OF PERSONAL INJURY**  
**“NON-EMPLOYEE”**

BOCES STUDENT

ADULT STUDENT

VISITOR

STUDENT  
INFORMATION

<b>Name:</b> _____	<b>DOB:</b> _____
<b>Address:</b> _____	<b>Phone:</b> _____
<b>Parent/Guardian:</b> _____	<b>Home School:</b> _____
<b>Teacher Name :</b> _____	<b>Class:</b> _____
<b>Location:</b> _____	

ACCIDENT  
INFORMATION

<b>Date of Injury:</b> _____	<b>Time of Injury:</b> _____
<b>Description of Injury:</b> _____	
<b>Activity Involved in When Injury Occurred:</b> _____	
<b>How Did Injury Occur?:</b> _____	
<b>Did Student Receive Treatment for Injury?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>Was Student Hospitalized?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>Person Who Administered Treatment:</b> _____	
<b>Title:</b> _____	
<b>Treatment Administered:</b> _____	

COMMENTS

<b>Comments:</b> _____ _____ _____
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_____ <b>Signature of Student (When Required)</b>	_____ <b>Date</b>
_____ <b>Signature of Instructor/Person Completing Report and Title</b>	_____ <b>Date</b>
_____ <b>Signature of Building Principal/Supervisor</b>	_____ <b>Date</b>