

SCHOOL DISTRICT OF LOMIRA
STAFF ACCIDENT/INJURY REPORT

To be completed following incidents where injury occurs but immediate medical attention/care is not required

Staff Member: _____ Date of Report: _____

Date of Accident: _____ Time: _____ Supervisor Notified (Time): _____

Witness(es): _____

Location of Accident/Injury: _____ Cause of Injury: _____

Nature of Injury: _____ Anatomical Location of Injury: _____

How did the accident happen? Briefly describe any special conditions. _____

Contact with School Nurse: Yes No

Employee Signature/ Date

Supervisor Signature/ Date