

Sample School Form Notice of Injury

Your state may require your school to submit a formal report to its department of health, law enforcement, or reporting agency. Check with your organization's attorney for compliance guidance.

School	Name: _____ Address: _____
Time and Place of Injury	Date of Injury: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Where did the injury occur: _____ Injuries sustained: _____
Person Injured	Name: _____ Age: _____ Address: _____ Phone: _____ Employer: _____ If a student, parent/guardian names: _____ Were parents/guardians contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Time: _____ Where was injured taken? (hospital/doctor): _____ Relationship to organization: <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee <input type="checkbox"/> Other If injury occurred on insured's premises, for what purpose was the injured on the premises? _____ Who was responsible for supervision at the time of injury? _____ If injury occurred elsewhere, what connection did it have with the insured's operations or activities? _____ Does the injured party have personal medical insurance that could apply? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of medical insurance company: _____
Full Description of Incident	_____ _____ _____ _____
Witnesses	Name: _____ Phone: _____ Address: _____ Name: _____ Phone: _____ Address: _____

Signature: _____ Title: _____ Date of report: _____

This is a sample document only. Your organization is responsible for compliance with all applicable laws. Accordingly, this form should not be used or adopted by your organization without first being reviewed and approved by a licensed attorney in your state. ©2022 Brotherhood Mutual Insurance Company. All rights reserved.