**REPORT OF INJURY TO STUDENT OR NON-DISTRICT EMPLOYEE**

**KANSAS CITY, KANSAS PUBLIC SCHOOLS (USD #500)**

**This form should be submitted within 48 hours of the incident.**

**Security Personnel may be assigned to investigate the incident if necessary**

Please send to Le’ Andra Hood:

* via email at leandra.hood@kckps.org
* fax (913) 279-2085
* interoffice mail: Attn: Le’ Andra Hood, Business Office, Central Office

**All questions must be completed. Please be sure to describe the injury in detail**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of Injury: |  |
| Time of Injury: |  | Building Name: |  |
| Age/Gender: |  | Reported by: |  |

**Please check all that apply:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Recess |  | Physical Education |  | Sports (non P.E.) |  | Hallway |  | Classroom |
|  | Result of Fight |  | Parking Lot |  | Restroom |  | Locker Room |  | Gym |
|  | Stadium |  | Practice Field |  | Track |  | Pool |  | Before School |
|  | After School |  | Off-site/Field Trip |  | Off-Site/Sports |  | Bus |  | Cafeteria |
|  | Stairs |  | Elevator |  | Playground |  | Bleachers |  | Auditorium |

|  |
| --- |
| **How did this injury occur?** |
| **What was the injury party doing during the time of the accident:** |
| **Name of substance or object that directly caused the injury:** |
| **Describe IN DETAIL the nature/extent of the injury – be sure to indicate in detail the body party involved:** |
| **Was first aid administered? Please describe first aid:** |
| **Did the injured party receive medical attention? Describe (include name of hospital/clinic):** |
| **Eyewitness comments (if applicable):** |
| **Comments from injured party:** |

**Principal Signature: Signature & Date of Person completing this form:**

**Printed Name of person completing this form:**