

| Student's Name:School:Location of where incident occurred: | Date |
|--|----------------|
| | Date of Birth: |
| | Grade: |
| | |
| | |
| brief description of accident. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Action taken: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Administered by: | |
| Administered by. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Form No.: CTE-2223-005 – Student Injury Report / CTE New Date: 9/15/22