



**STUDENT INJURY REPORT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Number                    Street                    City                    Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_ SSN or Student ID# \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address of Parent or Guardian: \_\_\_\_\_  
                                    Number                    Street                    City                    Zip Code

Parents Place of Employment: \_\_\_\_\_  
  (Mother)  
  (Father)

DATE OF INCIDENT: \_\_\_\_\_

Describe the precise nature of the injury; describe HOW and WHEN the accident occurred:

INTERSCHOLASTIC SPORT/EVENT in which the student was participating:

\_\_\_\_\_  
(If none, state NONE)

If student injured is enrolled in CJTC Academy, is this student being sponsored? If yes, please name the organization. YES: \_\_\_\_\_ NO: \_\_\_\_\_

Name of doctor seen: \_\_\_\_\_ Address: \_\_\_\_\_

Other: \_\_\_\_\_

Has treatment ended? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Do YOU or YOUR PARENT OR GUARDIAN have any:

1. Group, Blanket or Franchise Insurance
2. Blue Cross, Blue Shield or any Prepayment Plan
3. Union, Employer, Trustee, or Employee Benefit Organizational Plan
4. Any government program or coverage required or provided by statute

If so, list name of companies and claims office address and policy number: