

<b>School Name:</b>	<b>Name of Individual Injured:</b>
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**Injured Individual Personal Information**

Home Mailing Address:	Home/Cell Phone:
City/Town:	Postal Code:

Date of incident:	Time of incident:
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Location of incident:
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Description of Injury: Body Part(s) affected:
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Brief Account of Incident (attach additional page if required):
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First Aid Administered:	Administered By:
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Other Treatments: (hospital/clinic/ambulance)	If yes, Time Family Contacted:
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Division Property Damage:	Personal Property Damage:	Motor Vehicle Accident:
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Name of Supervisor Contacted:	Time of Contact:
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Witness(es)	Name:	Phone:
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Witness(es)	Name:	Phone:
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Reported Submitted by:	Signature:	Date Submitted:
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Date/Time Emailed/Faxed to Central Office:	Report #: <small>(internal use only)</small>
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**Please keep original copy in school file. Email copy to Central Office: [laura.stocker@westwind.ab.ca](mailto:laura.stocker@westwind.ab.ca) or fax 403-653-4641**