

# STUDENT INJURY REPORT

Pickens Board of Education

Bus Driver: \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
(Name) (Month/Day/Year)

Name of person injured: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone #: \_\_\_\_\_ School: \_\_\_\_\_

Description of Injury: \_\_\_\_\_

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Describe Incident Causing Injury: \_\_\_\_\_

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Witnesses:

\_\_\_\_\_/\_\_\_\_\_  
(Name) (Phone)

\_\_\_\_\_/\_\_\_\_\_  
(Name) (Phone)

\_\_\_\_\_/\_\_\_\_\_  
(Name) (Phone)

Report Prepared By: \_\_\_\_\_ (Print Name)

\_\_\_\_\_  
(Signature)