

Sutton Public Schools
Sutton, Massachusetts
01590

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Superintendent
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Injury Reporting Form

Name of student: _____

Location: _____ Date of injury: _____

Nature of injury: _____

How was injury sustained: _____

Medical care (describe, if any given) _____

Signature of person completing form: _____

Signature of building principal: _____

Procedure for completion:

1. Student injury sustained
2. Call nurse
3. Staff member completes form by end of the same school day
4. Submit written form to building principal
5. Building principal will submit form to school nurse and follow-up if needed
6. Nurse will write injury/accident report and any follow-up that is necessary