

WITNESSES

Name: _____

Address: _____

Telephone: _____ **Position:** _____ **Age:** _____

Name: _____

Address: _____

Telephone: _____ **Position:** _____ **Age:** _____

Name: _____

Address: _____

Telephone: _____ **Position:** _____ **Age:** _____

SIGNATURE OF PERSON INJURED:

_____ **Date:** _____

SIGNATURE OF SCHOOL NURSE:

_____ **Date:** _____

SAFETY COMMITTEE REVIEW: _____ **Date:** _____