Wolf Creek Public Schools
Creating Success For All Learners

6000 Highway 2A
Ponoka, AB T4J 1P6
403-783-3473

Form 160-1 *v. 2019*

STUDENT INJURY REPORT FORM

Name of School or Department:	Student Name: (Last Name, First Name)
Grade:	Date of Birth:
Parent/Guardian:	
Was the parent/guardian contacted?	Yes ☐ No ☐ Msg. ☐ (check one)

Injury Information:

Describe in as much detail as possible what happened just prior to the injury, what caused the injury (if known), first aid given (CPR & AED), if 911 was called, etc:	
Date of Injury:	Time of Injury:
Where:	
Described Injury:	
Student reported injury to:	Date/time reported:
Details:	
First Aid Kit Used? Yes ☐ No ☐	Location of Kit:
Supplies Used:	
Does Facilities need to be notified about an issue that caused the injury? Yes ☐ No ☐	

First Aider Information:

Name:	List PPE Worn:
First Aid Certification: None ☐ Emergency ☐ Standard ☐ Other ☐ (check one; 'None' if expired) First Aider Exposed to? Blood ☐ Saliva ☐ Vomit ☐ (check all that apply)	

Completed By:

Name:	Title:
Completion Date:	

Reviewed By Principal/Assistant Principal:

Name:
Signature:
Date Reviewed: