



CROSSROADS CHRISTIAN SCHOOL

Transportation Incident & Injury Form

Date: _____ Time: _____

Name of Student: _____ Age: _____

Driver Name: _____

Witnesses: _____

Body Part Injured (Circle)

Abdomen

Elbow

Leg

Ankle

Eye

Nose

Arm

Face

Teeth

Back

Foot

Wrist

Buttocks

Hand

Ear

Chest

Head

Knee

Describe the Incident or Injury: _____

Were parents notified? Yes No Time/Date: _____

Describe treatment and disposition of student: _____

Signature of Driver

Date

Parent/Guardian Signature

Date

Student Signature (if applicable)

Date

Disciplinary Action (by Headmaster): _____