



# CROSSROADS CHRISTIAN SCHOOL

P.O. Box 249 ♦ Henderson, NC 27536 ♦ (252) 431-1333 Office ♦ (252) 431-0333 Fax ♦ www.ccscolts.org

## 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):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_