

**NOTICE TO PARENT/GUARDIAN OF INJURY TO MINOR  
(FOR STUDENTS, RELIGIOUS EDUCATION AND  
YOUTH PROGRAM PARTICIPANTS)**

INFORMATION ABOUT INJURED MINOR

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ TIME OF INJURY: \_\_\_\_\_  AM  PM

Injury Occurred At: practice  game   
p.e.  classroom   
travel  religious education   
interscholastic sport  field trip   
other  \_\_\_\_\_

Describe part of body injured:

\_\_\_\_\_

Describe how the injury occurred:

\_\_\_\_\_  
\_\_\_\_\_

Action taken: \_\_\_\_\_

Name of Teacher/ Coach/Supervisor/Chaperone: \_\_\_\_\_

Name of Staff Member making report: \_\_\_\_\_

Signature of staff member making report: \_\_\_\_\_

Myers-Stevens Insurance Form Issued: Yes  No

