

**NEW CASTLE AREA CAREER PROGRAMS
INTERDISCIPLINARY COOPERATIVE EDUCATION
STUDENT INJURY REPORT**

Student: _____

Training Station: _____

Date of Injury: _____

Please be specific in your description of how the injury occurred.

What type of injury was suffered? (Be specific)

Did any employees/customers see what happened? If so, who?

Did you inform the appropriate people at work? Why or why not? If so, whom?

Did you fill out a Worker's Compensation form? If not, why?

What action was taken?

Student Signature Date Training Station Sponsor Date

Parent Signature Date ICE Coordinator Date