

# School Staff Student-Related Injury Compensation Form

## Staff Information

Full Name

Staff ID

Position

Department

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## Incident Details

Date of Incident

Time of Incident

Location

Brief Description of Incident

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## Injury Details

Name of Student(s) Involved

Nature of Injury

Medical Treatment Provided (if any)

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## Compensation Claim

Expenses Incurred (if any)

Additional Details Regarding Claim

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## Staff Signature

Name

Date