



维中中文学校  
Central Virginia Chinese School

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EXHIBIT J

**CVCS STUDENT INJURY REPORT FORM**

(Version 1.0)

**Instructions:** Use this Form to report accidents occurring to CVCS students on school facility, or on the site of a CVCS sponsored activity. The teacher, volunteer in charge or the CVCS Board Member on Duty must report a student injury on the day the accident occurs. Please submit the completed Form to the email address listed on the letterhead.

Today's Date: \_\_\_\_\_ Injury Date: \_\_\_\_\_ Injury Site: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ Place: \_\_\_\_\_ Person in Charge: \_\_\_\_\_

Description of incident, circumstances of injury. If student was violating school rules, explain.

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

Apparent extent of injury: \_\_\_\_\_ Care given: \_\_\_\_\_

Were paramedics called? Yes \_\_\_ No \_\_\_ Student taken to hospital or doctor? Yes \_\_\_ No \_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Hospital or doctor's name: \_\_\_\_\_

Taken by whom: \_\_\_\_\_ Telephone # called: \_\_\_\_\_

**Witnesses:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Teacher/Volunteer/CVCS Board Member: \_\_\_\_\_ Title: \_\_\_\_\_

Person reporting injury: \_\_\_\_\_ Title: \_\_\_\_\_

**OFFICE USE ONLY:**

Reviewed by Board Member: \_\_\_\_\_ Date: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Sent to Insurance Company: \_\_\_\_\_

Legal Action: \_\_\_\_\_