

**Operational Services**

**Exhibit – Accident or Injury Form**

*The supervisory staff member must complete this form for submission to the Superintendent whenever any person, student, or adult, is injured on District property or at a District sponsored event.*

Name of injured person \_\_\_\_\_

School \_\_\_\_\_

Age \_\_\_\_\_  Male  Female Telephone \_\_\_\_\_

Address \_\_\_\_\_

Class, activity, or event \_\_\_\_\_

Accident location \_\_\_\_\_

Accident date \_\_\_\_\_ Time of accident \_\_\_\_\_

How did the accident occur? (Describe sequence of events) \_\_\_\_\_

\_\_\_\_\_

Nature and extent of injury \_\_\_\_\_

Doctor or hospital \_\_\_\_\_

Emergency contact notified?  Yes  No If no, explain why: \_\_\_\_\_

If yes, provide the following:

Contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Time and method of contact \_\_\_\_\_ By whom \_\_\_\_\_

**Witnesses Information**

Name	Address	Telephone

First aid administered?  Yes  No

If yes, describe first aid administered and by whom: \_\_\_\_\_

\_\_\_\_\_

If student, number of days lost \_\_\_\_\_

Supervisor *(please print)* \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_