

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 _____

Name of Supervisor *(please print)* _____

Signature _____

Date _____

