

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 _____

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) _____

An emergency contact was notified as follows:

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 and by whom? _____

Name of Supervisor (*please print*)

Signature

Date