

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)

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:

Supervisor (*please print*)

Signature

Date