November 2017 4:170-AP1, E1

# 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