

TO BE COMPLETED IMMEDIATELY!

The person who either witnesses the injury or is supervisor at the time of injury should complete this form, if possible. The report should be submitted immediately to the building principal or supervisor and a copy sent to the Risk Management Specialist. Should other pertinent facts develop, notify the principal's office and Risk Management Specialist by means of a supplemental report.

**Accident/Injury Report**

School Building		Department	
School Address		Phone Number	
Name of Individual Injured		Age	Grade (if Student)
Home Address		Phone Number	
Where did the Accident occur?		Date	Time
How did the Accident occur?			
Nature of Injury			
First Aid Applied? Yes No		By Whom?	
Does Injured Party have Insurance Coverage?		Name of Insurance Company	
Was any School Rule or Board Policy violated?		If so, Explain and Comment on Supervision	

Witnesses present at time of Accident

Name	Address	Phone No.
Have Parents or other family contacted School? If Yes, explain below. Yes No	Were parents or family contacted by school? If Yes, explain below. Yes No	
Were Parents, Student, or other party told they would be contacted again? Explain below. Yes No		
Comments		

Report Submitted by:	Position	Date
Principal or Supervisor	Position	Date

cc: Supervisor
Risk Management