

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Supervisor (*please print*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Adopted: 7/13/04

Revised: 7/17/2012