Operational Services

Exhibit - Accident or Injury Form [1]

The supervisory staff member must complete this form for submission to the Superintendent whenever any person is injured on District property or at a District-sponsored event.

Name of injured person _____

Date of Birth _____ Telephone _____
Email _____

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	Email

First aid administered? ☐ Yes ☐ No *(please explain)*: _____

If yes, describe first aid administered and by whom: _____

_____

The footnotes should be removed before the material is used.

[1] A completed accident form can provide useful information for examining and evaluating risks as well as defending a lawsuit. Many insurance companies require completion of their own forms, which may be adequate without an additional accident form.

Supervisor (*please print*)

Supervisor Signature

Date