May 2022 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 is injured on District property or at a District-sponsored event.*

Name of injured person

Date of Birth 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