

Operational ServicesExhibit – Visitor Accident or Injury Form

*The supervisory staff member must complete this form for submission to the Superintendent whenever any visitor is injured on District property or at a District sponsored event. **This form is not for staff or students.** Employees injured during the course of work and students injured during the course of the school day or during a school-supervised and sponsored event shall complete the accident report documentation appropriate to them in lieu of this form.*

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 Building Administrator or Activity Supervisor
(please print)

Signature

Date

APPROVED: