

General Liability Incident/Accident Report

District Name: _____

Date of Incident/Accident: _____ Time: _____

Name of Injured: _____ Is Injured: Student Employee Visitor

Social Security Number: _____

Date of Birth: _____ Parent(s) Name: _____

Address of Injured/Parent: _____

Telephone Number of Injured/Parent: Home: _____ Work: _____

Location of Accident: School Bldg. School Grounds School Bus
 To/From School Other Describe: _____Place of Accident: Classroom Gym Shop Hallway/Stairway
 Playground Parking Lot Sporting Event/Practice
 Other Describe: _____

Describe Incident/Accident: _____

Witnesses: Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Nature of Injury: _____

Was Medical Treatment Sought? Yes No Where: _____If Hospital, Was Ambulance Called? Yes No Ambulance Company: _____Is Injured Party Seeking Assistance with Medical Bills? Yes No

Injured Party Health Insurer: _____

Health Insurance Group Number: _____

Health Insurance Enrollee ID Number: _____

Is the Injured a Medicare Recipient? Yes No

Additional Remarks: _____

Report Prepared By: _____

Title: _____ Phone: _____ Date: _____

Principal Signature: _____