

**School District
Non-Employee Personal Injury Report Form**

Location Code 010

| | | | | |
|-----------------|--|--------------|--|-------------------------------------|
| General | 1. Name of Injured _____ Parent or Guardian _____ | | 2. Address _____ | |
| | 3. Facility/Building _____ | 4. Sex _____ | 5. Date of Birth _____ | 6. Grade/Volunteer or Visitor _____ |
| Injury | 7. Time Accident Occurred Date: _____ Day of Week _____ | | AM _____ Exact Time PM _____ | |
| | 8. Nature of Injury _____ | | 9. Part of Body Injured _____ | |
| | 10. Days Lost (estimated) From School: _____ | | From Activities Other than School: _____ | |
| | 11. Cause of Injury _____ | | | |
| Accident | 12. Accident Jurisdiction (check one) School: _____ Grounds _____ Building _____ To and From _____ Other Activities Not on School Property _____ | | | |
| | 13. Location of Accident (be specific) _____ | | 14. Activity of Person (be specific) _____ | |
| | 15. Nature of Activity _____ | | 16. Supervision (if yes, give title & name of supervisor) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 17. Property Damage: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete property damage form) | | | |
| | 18. Description (Give a word picture of the accident, explaining who, what, when, why, how and witnesses – Use other side if necessary) *SEE OTHER SIDE | | | |
| | 19. Date of Report _____ | | 20. Report Prepared by (name & title) _____ | |

Contact Person _____ **Telephone #** _____

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**Immediate
Action
Taken**

21. First-Aid Treatment _____ By (Name): _____

Taken to School Nurse _____ By (Name): _____

Taken Home _____ By (Name): _____

Taken to Physician _____ By (Name): _____

Physician's Name: _____

Taken to Hospital _____ By (How transported): _____

Name of Hospital: _____

22. Was a parent of other individual notified? Yes No

When: _____ How: _____

Name of Individual Notified: _____

By Whom? (enter name): _____