



GENERAL LIABILITY INCIDENT/ACCIDENT REPORT

District Name: _____ Policy #: _____

Date of Incident/Accident: _____ Time: _____ a.m./p.m.

Name of Injured: _____ Is Injured Student Employee Visitor

Date of Birth: _____ Parent Name: _____

Address of Injured/Parent: _____

Telephone # of Injured/Parent: Home: (_____) _____ Work: (_____) _____

Location of Accident: School Bldg School Grounds School Bus To/From School

Other _____

Place of Accident: Classroom Gym Shop Hallway/Stairwell Playground

Parking Lot Sporting Event/Practice Other _____

Describe Incident/Accident: _____

Witnesses: Name: _____ Telephone #: (_____) _____

Name: _____ Telephone #: (_____) _____

Nature of Injury: _____

Was Medical Treatment Sought? Yes No Where? _____

If Hospital, Was Ambulance Called? Yes No Ambulance Company: _____

Additional Remarks: _____

Report Prepared By: _____

Title: _____ Phone: (_____) _____ Date: _____

Administrator's Signature: _____ Date: _____

Please use separate form for additional injuries.