Exhibit - 4:170-AP1, E1 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 _____

Email _____ _____

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	Addresss	Telephone	Email

First aid administered? [ ] Yes [ ] No *(please explain)*:_____

_____

If yes, describe first aid administered and by whom: _____

_____

_____

_____

Supervisor (*please print*)

_____ _____

Supervisor Signature Date