

St Martin Parish Student/Visitor Accident and Injury Report

This form is to be completed by the employee who witnessed damage or injury or who supervising at the time of the incident. The form should be filled out immediately and turned in to the principal and or designee

TYPE CLAIM (circle type) STUDENT VISITOR OTHER		Circle one: INJURY DAMAGE	School Name:		
NAME OF INJURED		AGE		SEX	
HOME ADDRESS (If student-attach demographic)			HOME PHONE NUMBER		
WHERE DID ACCIDENT OCCUR?			DATE		TIME
HOW DID ACCIDENT OCCUR? (INCLUDE EXTENT OF INJURY AND OR DEGREE & ESTIMATED AMOUNT OF PROPERTY DAMAGE)					
NATURE OF INJURY					
FIRST AID APPLIED? YES NO		BY WHOM?		DISPOSITION OF INJURED (CIRCLE ONE) RETURN TO WORK HOME DOCTOR HOSPITAL	
WITNESSES PRESENT AT TIME OF ACCIDENT (Include witness statements when submitting) Additional names can be include on a separate form					
NAME			PHONE NUMBER		
WAS ANY SCHOOL RULE VIOLATED? Yes No		IF SO, EXPLAIN COMMENT ON SUPERVISION AT TIME RULE WAS VIOLATED			
HAVE PARENTS BEEN CONTACTED BY SCHOOL? Yes No		WHO CONTACTED PARENTS/WHEN?		WERE PARENTS PROVIDED A COPY OF STUDENT INSURANCE? YES NO Not Applicable	
GENERAL LIABILITY (3RD PARTY) INFORMATION (fill out if injury caused by outside company)					
WHY WAS THIS PERSON ON PREMISES?			 		
EMPLOYED BY/EMPLOYER'S PHONE NUMBER					
COMMENTS					
REPORT SUBMITTED BY		POSITION	DATE	PRINCIPAL SIGNATURE	

Completed forms should be emailed to Julie Laviolette. Attach witness statements.

This report is for the confidential use of LOCA and attorneys for the school district and its employees in defending litigation.