



School Insurance Specialists

NON-EMPLOYEE INCIDENT/ACCIDENT REPORT

Full Name: _____ Policy #: _____

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

Name of Injured: _____ Social Security Number: _____

Is Injured: Student [] Employee [] Visitor [] Volunteer []

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 [] Describe: _____

Place of Accident: Classroom [] Gym [] Shop [] Hallway/Stairway [] Playground [] Parking Lot [] Sporting Event/Practice [] Other [] Describe: _____

Describe Incident/Accident: _____

Witnesses: 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: _____