

Board of Education

Josie Preston, *President*
Randa Harrington, *Vice President*
Becky Backer
Dan Borden
Cecy Curcio
Chris Enders
Patricia Krotz

Belfast Central School District

1 King Street ♦ Belfast, New York 14711
Phone: (585)-365-2646 ♦ Fax: (585) 365-2648



Administration

Wendy Butler Ed.D., *Superintendent*
Michael Roche, *5-12 Principal*
Jessica Hess, *PK-4 Principal/ Director of Pupil Services*
Robert J. Lingenfelter, *District Treasurer*
Gina Larrabee, *District Clerk*

ACCIDENT REPORT FORM

Date: _____
Name: _____ Grade: _____ DOB: _____
Address: _____ Parent/Guardian: _____
School: _____ Date of Accident: _____
Adult in charge at the time of accident: _____
Place of accident: _____ Time: _____ AM _____ PM
Sport/ Activity: _____
Cause of Accident: _____

PE ___ Recess ___ Intramurals ___ Interscholastic ___ Noon Hour ___ Other

Was there any defect in premises, appliances, or equipment? ___ Yes ___ No

If so, What?

Nature/ extent of injury _____

Witnesses' Names: _____

Contact with Parents? ___ Yes ___ No If so, by whom? _____

Was immediate medical care indicated? ___ Yes ___ No

First aid administered? Yes By whom? _____ N
o

Brief; step-by-step description of First Aid: _____

Physician called? ___ Yes ___ No By Whom? _____

Physician's Name: _____

Emergency Room Treatment? ___ Yes ___ No Hospital: _____

X-Rays? ___ Yes ___ No

Reported by: _____ Principal: _____

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STATEMENT OF SUPERVISOR IN CHARGE AT TIME OF ACCIDENT

(Detailed description of incident including time you were notified or observed the accident, date, your observations, condition of facilities or apparatus where you were at the time of the accident. If you did not personally observe this accident, who witnessed it. Indicate if other students were involved in causing the accident, etc.)

Signature of Supervisor