

**Operational Services**

**Exhibit - Accident or Injury Form**

*The first aid provider must complete this form for submission to the Business Manager/Student Services whenever any person, student, or adult, is injured on District property or at a District sponsored event.*

Name of injured person \_\_\_\_\_

Age \_\_\_\_\_  Male  Female Telephone \_\_\_\_\_

Address \_\_\_\_\_

Program, activity, or event \_\_\_\_\_

Accident location \_\_\_\_\_

Accident date \_\_\_\_\_ Time of accident \_\_\_\_\_

How did the accident occur? (Describe sequence of events) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type and Extent of Injury \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment of Injury \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An emergency contact was notified as follows:

Contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Time and method of contact \_\_\_\_\_ By whom \_\_\_\_\_

Sent to:  Class  Home  Hosp./E.R.  Office  Home School

Accompanied by:  Self  Instructor  Parent  Other Student

Home School Contacted?  Parents Contacted?  Student Services Contacted?

\_\_\_\_\_  
Name of First Aid Provider

\_\_\_\_\_  
Name of Instructor (*please print*)

\_\_\_\_\_  
Signature of First Aide Provider

\_\_\_\_\_  
Date

Copies of this completed form are to be distributed to the First Aid Office, the Business Manager, and the Student Services Office.

UPDATED: 4/23/2009