

INJURIES RELATED TO ACCIDENT (If you were injured, please describe injuries in full.) _____

Identify physician(s) or any other medical professional(s) involved: _____

If Claimant received medical treatment, total amount of unreimbursed medical bills \$ _____.
(Please attach all medical bills.)

Are you still receiving medical treatment, Yes or No? _____

STANWOOD-CAMANO SCHOOL DISTRICT'S INVOLVEMENT (Why do you feel the Stanwood-Camano School District is responsible for the injury described above?) _____

WITNESSES (Please give phone numbers and addresses):

1) _____

2) _____

3) _____

This is a true and accurate statement:

Signature of Claimant