|  |  |  |
| --- | --- | --- |
|  | SCRANTON SCHOOL DISTRICTNon-Employee/Visitor Accident/Injury Form |  |

|  |  |
| --- | --- |
|  |  |
| Name: |  |  |
|  |  |  |
| Home Address: |  |  |
|  |  |  |
| Home Phone: |  |  |
|  |  |  |  |  |
| Date of Accident: |  | Time of Accident: |  |  |
|  |  |  |
| School: |  |  |
|  |  |  |
| Location of Accident: |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| 1. | If the accident occurs at a school district sponsored event, identify the activity. |
|  |  |
|  |  |
| 2. | What is the nature of the injury? |
|  |  |
|  |  |
| 3.  | What is the first aid treatment? |
|  |  |
|  |  |
| 4. | Who was the first aid treatment administered by? |
|  |  |
|  |  |
| 5. | Was there instruction to check with Family Physician? |
|  |  | YES |
|  |  |  |
|  |  | NO  |
|  |  |  |
| 6. | Does the injured person have accident and hospital insurance? |
|  |  | YES |
|  |  |  |
|  |  | NO |
|  |  |  |
|  | Name of Hospital if Treatment Required: |  |
|  |  |  |
|  | Transported to Hospital by: |  |
|  |  |  |
|  | Family Physician: |  |
|  |  |  |
| 7. | How did the accident happen? |
|  |  |
|  |  |
| Witnesses: |  |
|  | 1. |  |
|  |  |  |
|  | 2. |  |
|  |  |  |
|  | 3. |  |
|  |  |  |
| Comments: |  |
|  |
|  |  |  |
| Name of person reporting accident: |  |

|  |
| --- |
| SIGNATURE OF SCHOOL OFFICIAL RESPONSIBLE FOR THE AREA OR LOCATION THAT THE |
| ACCIDENT OCCURRED |  |  |  |
|  |  |
| DATE OF REPORT SENT TO GREGG SUNDAY’S OFFICE |  |  |
|  |  |  |