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|  | SCRANTON SCHOOL DISTRICT  Non-Employee/Visitor  Accident/Injury Form |  |

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|  | | | | | | |  | | | |
| 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 | | | |  |  |
|  | | | |  |  |