

GENERAL LIABILITY INCIDENT/ACCIDENT REPORT INSTRUCTIONS

GENERAL INFO	ORMATION						
MEMBER NAME				BUILDING NAME			
						O A.M. O P.M.	
DATE OF INCIDENT/ACC	CIDENT			TIME			
NAME OF INJURED				SOCIAL SECU	JRITY NUMBER		
Is injured: O STUDE	NT () EMPLOYEE	O VISITOR O VOLUNT	TEER O CONTRA	CTOR O CONT	RACTED EMPLOY	=F	
,						-	
DATE OF BIRTH			PARENT NAME				
ADDRESS OF IN HUDED IN							
ADDRESS OF INJURED/PA	AKENT						
HOME PHONE OF INJUR			OFFICE PHONE OF INJURED/PARENT				
INSURANCE IN	NFORMATION	4					
		th care coverage (inclu	iding coverage ur	oder parents/guar	ediane plan)?) VES O NO	
·					dialis platij.	7163 3110	
If no, sign here:							
NAME OF HEALTH CARE COVERAGE/PLAN			MAILING A	DDRESS	CITY	STATE	ZIP
POLICY/CONTRACT NUMBER			GROUP NUMBER GUAF		GUARANTOF	RNAME	
Location of accident:	O SCHOOL BLDG.	O school grounds	O school bus	O TO/FROM SCH	OOL O OTHER	Describe:	
Place of accident:	\bigcirc classroom	O GYM	O SHOP	O HALLWAY/STAI			
	O PARKING LOT	O SPORTING EVENT/PF	RACTICE	O OTHER Describe:			
Describe incident/acc	cident:						
WITNESS NAME					PHONE		
WITHESS NAME		THORE					
NATURE OF INJURY							
Was medical treatme	ent sought? O YES	O NO Where?					
If hospital, was ambu	lance called? O YE	S O NO Ambulance	company:				
Additional remarks: _							
DEPORT DEPORTS SY							
REPORT PREPARED BY			TITLE				
PHONE					DATE		