

STUDENT LIABILITY ACCIDENT NOTICE

ANDERSON COMMUNITY SCHOOL CORPORATION ■ 1600 HILLCREST AVE., ANDERSON, IN 46011 ■ 765-641-2009

ACCIDENT LOCATION: (SCHOOL)		DATE/TIME OF ACCIDENT:	/ / _____ AM/PM	DATE ACCIDENT REPORTED:	
NAME OF INJURED STUDENT:				AGE:	
STUDENT ADDRESS:				HOME PHONE:	
CITY, ST, ZIP:				ALT. PHONE:	
BRIEF DESCRIPTION OF THE ACCIDENT Please include what the student was doing when injured (ie attending class, extracurricular activity, etc):					
NATURE OF INJURY:			TREATMENT AT SCHOOL: YES/NO		
			TREATED BY:		
TREATMENT DESCRIPTION:			DISPOSITION/RELEASED TO:		
			TIME: _____ AM/PM		
			HEAD INJURY FORM GIVEN: YES/NO		
PARENTS CONTACTED:	YES NO	NAME:		DATE/TIME: / / _____ AM/PM	
DID STUDENT SEEK ADDITIONAL MEDICAL ATTENTION?	YES NO	IF YES, NAME OF FACILITY:		DATE: / /	
WERE THERE ANY WITNESSES?	YES NO	IF YES, LIST NAME (S):			
WAS A POLICE REPORT FILED?	YES NO	IF YES, LIST REPORT NUMBER:			

REPORT PREPARED BY: _____ TITLE _____ DATE _____

PRINCIPAL SIGNATURE: _____ DATE _____

(PRINT 3 COPIES, KEEP ONE FOR BUILDING FILES, SEND TWO TO THE BUSINESS OFFICE WITHIN 24 HOURS OF THE DATE OF THE ACCIDENT)