

# PATRON 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 PERSON:				AGE:	
HOME ADDRESS:				HOME PHONE:	
CITY, ST, ZIP:				ALT. PHONE:	
<b>BRIEF DESCRIPTION OF THE ACCIDENT: (Please include what the visitor was doing when injured, purpose of their visit etc.)</b>					
NATURE OF INJURY:				TREATMENT AT SCHOOL:	YES/NO
				TREATED BY:	
TREATMENT DESCRIPTION:				DISPOSITION WHEN RELEASED:	
				TIME: _____ AM/PM	
DID PATRON 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 \_\_\_\_\_

PREPARER'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PRINCIPAL'S 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)