

# CONFIDENTIAL –ACCIDENT/INJURY REPORT

## LIBERTY UNION HIGH SCHOOL DISTRICT

This form should be completed on all injuries to students or non-students  
(other than District employees).

### SITE:

Address where injury occurred

Date Reported		Date of Injury		Time of Injury	
Athletic Event <b>BVAL / CIF / NCS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, list sport _____				
Name of Injured Person					
Age or Birthdate					
Parent or Other Contact					
Address					
Telephone Number	( )				

Description of Injury	
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Cause of Injury	
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Medical Attention Given	
By Whom?	

Disposition of Injured Person <i>(return to class, home, Dr., hospital)</i>	
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### Witnesses to Injury

Name	Address	Phone #

What contact, if any, was made with home?	
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If a non-student, state why injured person was on premises:	
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Name of admin, teacher, coach on duty at time of accident	
Were they present at time of accident?	<input type="checkbox"/> yes <input type="checkbox"/> no

Submitted by		Title	
Phone #		Signature	

Once completed return this form to: **Regina Hunt, District Office Business Services**

**CONFIDENTIAL (For Possible Litigation Purposes)**