

**LIBERTY UNION  
HIGH SCHOOL DISTRICT**

**CONFIDENTIAL –ACCIDENT/INJURY REPORT**

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

<b>Date Reported</b>		<b>Date of Injury</b>		<b>Time of Injury</b>	
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<b>Address where injury occurred</b>					
<b>CIF/NCS/BVAL Athletic Event</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	if Yes, list sport _____		

<b>Name of Injured Person</b>					
<b>Age or Birthdate</b>					
<b>Parent or Other Contact</b>					
<b>Address</b>					
<b>Telephone Number</b>	(      )				

<b>Description of Injury</b>					
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<b>Cause of Injury</b>					
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<b>Medical Attention Given</b>					
<b>By Whom?</b>					

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

<b>Name</b>	<b>Address</b>	<b>Phone #</b>

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

<b>Submitted by</b>		<b>Title</b>			
<b>Phone #</b>		<b>Signature</b>			

Once completed return this form to; **Ali Schneider, District Office Business Services**

**CONFIDENTIAL (For Possible Litigation Purposes)**