

**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).*

Date Reported		Date of Injury		Time of Injury	
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Address where injury occurred					
CIF/NCS/BVAL Athletic Event	<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; **Ali Schneider, District Office Business Services**

CONFIDENTIAL (For Possible Litigation Purposes)