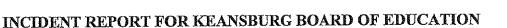
NON-EMPLOYEE





Please use this form to report all <u>non-employee</u> accidents and injuries. Forward to Margaret LaFoe. All incidents requiring medical treatment beyond the school nurse <u>must</u> be forwarded within 48 hours.

Please type or print clearly. Incident Date: Time of Incident: Report Date: How Reported: Phone In Person Other How Reported:

Phone

In Person Name: Student □ Non-student Address: Phone Number: Student Injury Information: Age ____ Grade ____ School: ____ Exact Location of Incident: Description of Incident: Witness: ___ (Address) (Name (Phone Number) Description of Injury: Treatment of Injury by: □ School Nurse Only □ Doctor/Hospital/Medi-Center □ None Treatment given on-site: ADDITIONAL REMARKS: Principal/Administrator Nurse Supervising Adult/First Responder Date Date Date