



**GENERAL LIABILITY INCIDENT/ACCIDENT REPORT
SET / SEG
Form for Students and Non-Employees**

District Name: FOWLerville COMMUNITY SCHOOLS **Policy #** _____

Date of Incident/Accident: _____ Time: _____ a.m. p.m.
MM/DD/YYYY

Name of Injured: _____ Is Injured: Student Visitor

Date of Birth: _____ Parent Name (If injured is a minor.) _____
MM/DD/YYYY

Address of Injured/Parent: _____

Telephone # of Injured/Parent: Home (_____) Work: (_____)

Location of Accident: School Bldg. School Grounds School Bus To/From School
Other Describe: _____

Place of Accident: Classroom Gym Shop Hallway/Stairway
Playground Parking Lot Sporting Event/Practice
Other Describe: _____

Describe Incident/Accident: _____

Witnesses: Name: _____ Telephone # (_____)

Name: _____ Telephone # (_____)

Nature of Injury: _____

Was Medical Treatment Sought? Yes No Where? _____

If Hospital, Was Ambulance Called? Yes No Ambulance Company _____

Additional Remarks: _____

Report Prepared By: _____

Title: _____ Phone: (_____) Date: _____
MM/DD/YYYY

Principal's Signature: _____ Date: _____
MM/DD/YYYY

Please use separate form for additional injuries.

SEND COMPLETED FORM TO FINANCE DIRECTOR AT CENTRAL OFFICE.