

# HOMEWOOD CITY SCHOOLS ACCIDENT/INCIDENT REPORT

<b>Name of Injured (Please type or print):</b> (Last) (First) (Middle Initial)			<b>Social Security Number:</b>  _____ - _____ - _____	<b>Date of Birth:</b>  ____/____/____	<b>Gender:</b>  __M __F		
<b>Home Address</b> (Number and Street) (City) (State) (Zip)			<b>Telephone Numbers:</b> Home: ( ) Work: ( ) Cell: ( )	<b>Job title/position:</b>	<b>Status:</b> __Student __Employee __Visitor		
<b>School or Location:</b>			<b>Address:</b>				
<b>Date of Injury</b>  ____/____/____		<b>Time of Injury</b> _____PM  _____AM	<b>Date Reported to Supervisor</b>  ____/____/____	<b>Was medical treatment received?</b> ( )Yes ( )No  Treatment date: ____/____/____			
<b>Is injured covered by medical insurance?</b> ___Yes ___No  If yes: ___Blue Cross/Blue Shield ___Other: _____			<b>Name and address of attending physician</b>				
<b>Name and address of medical facility where treated</b>			<b>Type of Treatment:</b> ___Emergency Treatment ___Outpatient ___Hospitalized	<b>Type of Injury:</b> (cut, fall burn, etc.)			
<b>Describe fully what happened to cause the injury or illness (include exact location where occurred)</b>							
<b>Describe the injury or illness in detail and indicate the body part(s) affected (right or left).</b>							
<b>Were there any witnesses to the injury?</b> ___Yes ___No (If "yes" give name, address, and telephone number)							
_____/_____/_____ <b>Signature of injured person or person reporting</b>		_____/_____/_____ <b>Print Name</b>		_____/_____/_____ <b>Telephone Number (daytime)</b>		_____/_____/_____ <b>Today's Date</b>	
_____/_____/_____ <b>Signature of Supervisor(or designated authority)</b>		_____/_____/_____ <b>Print Name</b>		_____/_____/_____ <b>Telephone Number (daytime)</b>		_____/_____/_____ <b>Today's Date</b>	