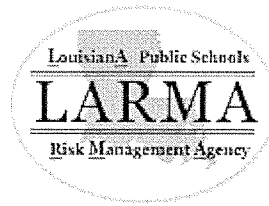


TO BE COMPLETED IMMEDIATELY!

THE SCHOOL EMPLOYEE WHO EITHER WITNESSES THE STUDENT INJURY OR IS SUPERVISING THE STUDENT AT THE TIME OF INJURY SHOULD COMPLETE THIS FORM, IF POSSIBLE. THE REPORT SHOULD BE SUBMITTED IMMEDIATELY TO THE PRINCIPAL'S OFFICE. SHOULD OTHER PERTINENT FACTS DEVELOP, NOTIFY THE PRINCIPAL'S OFFICE BY MEANS OF A SUPPLEMENTAL REPORT.



**INCIDENT -
ACCIDENT
REPORT**

THIS REPORT IS FOR THE CONFIDENTIAL USE OF LARMA AND OF ATTORNEYS FOR THE SCHOOL DISTRICT AND ITS EMPLOYEES IN DEFENDING LITIGATION

SCHOOL BOARD/PARISH	SCHOOL

SCHOOL ADDRESS	PHONE NO. OF SCHOOL

INJURED NAME	PARENT'S NAME (if applicable)	AGE	GRADE

HOME ADDRESS	PHONE NO.

MANDANTORY INFORMATION: SOCIAL SECURITY NUMBER AND DATE OF BIRTH OF CLAIMANT:

SS#:	MM/DD/YEAR:

WHERE DID ACCIDENT OCCUR?	DATE	TIME

HOW DID ACCIDENT OCCUR? AND NATURE OF INJURY

FIRST AID APPLIED?	BY WHOM?	DISPOSITION OF STUDENT (RETURN TO CLASS, HOME, DOCTOR, HOSPITAL)
<input type="checkbox"/> Yes <input type="checkbox"/> No		

DOES INJURED HAVE INSURANCE?	NAME OF INSURANCE COMPANY
<input type="checkbox"/> Yes <input type="checkbox"/> No	

WAS THERE SUPERVISION? <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPLAIN BELOW

WITNESSES PRESENT AT TIME OF ACCIDENT

NAME	ADDRESS	PHONE NO.

HAVE PARENTS CONTACTED SCHOOL? IF YES EXPLAIN BELOW. <input type="checkbox"/> Yes <input type="checkbox"/> No	WERE PARENTS CONTACTED BY SCHOOL? IF YES EXPLAIN BELOW. <input type="checkbox"/> Yes <input type="checkbox"/> No	WERE PARENTS TOLD THEY WOULD BE CONTACTED AGAIN? EXPLAIN BELOW. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Social Security # of claimant mandantory: _____

REPORT SUBMITTED BY	POSITION	DATE	PRINCIPAL	DATE

FOR REPORTING PURPOSES ONLY, NO ACTION NEEDED