

Douglas County School District RISK RELATED ACTIVITIES

701 Prairie Hawk Dr., Castle Rock, CO 80109
Phone 720-433-1104 / Fax 720-433-0071

Liability Claim Form

NAME OF SCHOOL/LOCATION

CLAIMANT'S INFO

Name: (First, Middle, Last)

Home Address

City/State/Zip

Phone Number (home)

Student

Visitor/Volunteer

Sex Male

Female

If student, grade

WHEN DID THE ACCIDENT HAPPEN?

Date of Accident

Time of Accident

Report Date

If Athletic Injury, what Sport?

If Athletic Injury, was it a Practice or Event

WHERE DID THE ACCIDENT HAPPEN?

Field
Bathroom
Cafeteria
Classroom
Corridor/hall

Gym\Locker Room
Metal/Woodshop
Other: _____

WHAT HAPPENED? (Provide Detailed Description of the How the Accident Happened, What Happened, and Who was Involved)

Specific Body Part Injured

Nature of Injury

List any parts of body injured and whether left or right side:

(Abrasion, bruise, cut, fracture, sprain, etc.)

911 CALLED? YES NO BY _____

FIRST AID TREATMENT? YES NO BY _____

SENT HOME? YES NO BY _____

SENT TO HOSPITAL/DR? YES NO BY _____

PARENT/OTHER NOTIFIED? YES NO BY _____

RELATIONSHIP _____

TIME NOTIFIED _____

PICKED UP FROM SCHOOL? YES NO BY _____

SUPERVISION AND WITNESS INFORMATION

Did accident happen - Before School After School During School

Name of Employee(s) on Duty _____ None

Did employee(s) witness accident? Yes No

FOR RISK MANAGEMENT USE

Date Entered

Other Information

SIGNATURES REQUIRED

SIGNATURE/TITLE OF PERSON COMPLETING REPORT

DATE

SIGNATURE/TITLE OF EMPLOYEE IN CHARGE WHEN ACCIDENT OCCURRED

DATE

PRINCIPAL'S SIGNATURE

DATE

For more information visit: <http://www.dcsdk12.org>