

BRIM Claim # _____
AIG Claim # _____

EPIC STUDENT/VISITOR ACCIDENT/INCIDENT REPORT

INJURED PERSON

- Name _____ Age _____ Sex: Female ___ Male ___
(If applicable)
- Home address _____
- School name _____
- EPIC site _____

TIME AND PLACE

- Date of injury _____ Day: S M T W TH F S Time of injury ___ AM ___ PM ___
(Month) (Day) (Year)
- Date reported _____
(Month) (Day) (Year)
- Location of occurrence _____
- Description _____

(Use additional paper if necessary and attach to back of this form)

- Was there adult supervision? Yes ___ No ___ Not applicable ___
- Names of adults present _____

NATURE OF INJURY

- Nature of injury or occupational disease _____
- Body part injured _____ Type of injury _____
(Example: arm, head, or foot) (Example: broken, cut, or fractured)
- Immediate action taken _____
- First Aid Yes ___ No ___ By _____
- Sent to Physician Yes ___ No ___ By _____
- Was medical treatment provided? Yes ___ No ___ If "Yes", Physician's Name _____
- Physician's address _____ Telephone # _____
- Name/address of hospital _____
- Notified: Parent ___ Neighbor ___ Guardian ___ Other _____
- How notified _____ Time notified _____ AM ___ PM ___
- Person who did notifying _____
- Number of days absent due to occurrence _____
- Has individual returned to school/work? Yes ___ No ___ If "Yes", Date _____ Time _____ AM ___ PM ___
- Individual has Accident Insurance Yes ___ No ___ Health Insurance Yes ___ No ___

WITNESSES

- Name _____ Telephone # _____
- Name _____ Telephone # _____

AUTHORIZATION

- Teacher/Adult Supervisor Signature _____ Date _____

File: Student /Visitor Accident/Incident Report