



Town of Rocky Hill

REPORT OF INCIDENT / ACCIDENT ON TOWN PROPERTY OR AT A SPONSORED ACTIVITY

Please check: Student Employee Other

Department or School reporting incident _____

Name of Injured _____ Telephone # _____
Address _____

Date & Time of Incident _____

Location of Incident _____

Nature of the injury/medical problem _____

Describe fully how incident/accident occurred _____

Witness name and phone _____

Who was supervising the activity _____

Describe medical treatment _____

Was parent or guardian notified? Whom _____

Completed by: _____ Date _____

Please Return To: Business Office at Central Office