

ROME CITY SCHOOL DISTRICT
Accident Report for Outside Personnel
(Non-Employee - Non-Rome Student)

*This report is to be completed and filed
at the Central Office for each person involved
in an accident which occurs on school property.
Please complete all entries.
Fill out immediately and send in within 24 hours.*

NAME OF SCHOOL: _____

ACCIDENT TO: Name _____ Age _____ Sex _____

Address _____ Social Security # _____

ACCIDENT: Date _____ Time _____ ☐ A.M. ☐ P.M.

PERSON IS:

- ☐ Parent of Rome Student
- ☐ Child (Non-Rome Student)
- ☐ Visitor
- ☐ Service/Technician
- ☐ Other (Explain) _____
- ☐ How did accident occur? _____

☐ Why was person at/near school? _____

Accident LOCATION: ☐ School Building
☐ School Grounds
☐ School Bus
☐ Other _____

FIRST AID: What was done? _____

Rendered by _____

Was person seen by school nurse? ☐ Yes ☐ No

Did person go to hospital? ☐ Yes ☐ No Family Physician? ☐ Yes ☐ No

FAMILY PHYSICIAN: Name _____ Was he called? ☐ Yes ☐ No

(if known) Address _____

LIST THE NAMES OF TWO WITNESSES BELOW:

<u>Name</u>	<u>Position</u>
1. _____	_____
2. _____	_____

Report compiled by: _____ Title: _____

Employee Signature

Supervisor Signature (optional)

Date Received in Central Office: _____