



# INCIDENT ACCIDENT REPORT

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

SCHOOL BOARD/PARISH	SCHOOL
DeSoto Parish School Board	

SCHOOL ADDRESS	PHONE NO. OF SCHOOL

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

Student Address:	PHONE NO.

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

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Where did the accident happen?	DATE	TIME

HOW DID ACCIDENT OCCUR? AND NATURE OF INJURY

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Was first aid applied?	BY WHOM?	DISPOSITION OF STUDENT (RETURN TO CLASS, HOME,
<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

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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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REPORT SUBMITTED BY	POSITION	DATE	PRINCIPAL	DATE

FOR REPORTING PURPOSES ONLY, NO ACTION NEEDED

