

**SAN RAFAEL CITY SCHOOLS
FACILITY USE PERMIT NO. _____
ACCIDENT/INCIDENT AID REPORT**

Name _____

Date of Accident _____

Address _____

Telephone No. _____

Organization _____

Time of Accident ____ AM ____ PM

Parent/Guardian Name _____

Specific Location of Accident _____

Full Description of Accident and Injury (including possible causes) _____

Name of Witness/Phone Number to Accident:

1. _____

2. _____

3. _____

4. _____

First Aid Report:

What first aid was rendered. _____

By whom _____

If minor, were parents/guardians present Yes ____ No ____ If not, notified Yes ____ No ____

By whom? _____

Was injured taken: Home ____ to Doctor ____ to Hospital ____ By Whom _____

Signature of Person In Charge

Date