

# NON-EMPLOYEE INCIDENT REPORT

Complete in full. Please print legibly.

<b>Name:</b>			
<b>Address:</b>			
<b>Phone:</b>	Home: _____ Cell: _____		
<b>Date of Injury or Illness:</b> ____/____/____	<b>Location:</b> (Example - Shaker High School Cafeteria)		
<b>Describe Injury or Illness:</b> (Example - Broken left arm)			
<b>Reason for being at location:</b> (Example: visiting child's teacher, include teacher's name) _____			
<b>Statement</b> (How and why injury occurred, objects involved in injury or illness. Please be as specific as possible) _____ _____ _____ _____ _____			
<b>Were there witnesses to the Injury?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, names and addresses of witnesses: _____ _____			
<b>Was medical treatment required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: name, address and phone number of treating hospital, clinic, or physician: _____ _____			
<b>Signature of injured party:</b> _____ <b>Date:</b> _____			
<b>Printed Name of individual completing report if different than injured party:</b> _____			
<b>Signature:</b> _____ <b>Date:</b> _____			

Submit completed form to:

Business Office  
North Colonie Central School District  
91 Fiddlers Lane  
Latham, NY 12110