

**CONTACT/CLAIMANT'S INFORMATION** 

## **ACCIDENT / INCIDENT FORM**

In the event of an accident/incident that requires medical attention or any time that public safety personnel have been called onsite, the Event Contact must complete an Accident/Incident form and email it to the District Scheduler within 24 hours.

NAME: ADDRESS: PHONE NUMBER: PARENT/GUARDIAN NAME: ADDRESS: PHONE NUMBER:	
INCIDENT DETAILS	
DATE: TIME: LOCATION: EVENT (football game, theater performance, etc.): DESCRIPTION:	

## PLEASE EMAIL THE COMPLETED FORM TO:

Kathy O'Connor District Scheduler oconnork1@georgetownisd.org