



NAME AND ADDRESS OF SCHOOL

Greene Central School
 40 South Canal Street
 Greene, NY 13778

This report is to be completed for each pupil involved in an accident on or off the school premises while on a school sponsored project. Please complete all entries. Use other side if necessary. Send original to insurance company, keep copy at school health office.

NAME OF PUPIL			AGE	GRADE	PHONE NO.
PARENTS' NAMES AND ADDRESS					
ACCIDENT DATE	TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	LOCATION		
DESCRIBE STUDENT'S ACTION					

LOCATION :	<input type="checkbox"/> SCHOOL BUILDING	<input type="checkbox"/> SCHOOL GROUNDS	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> AWAY FROM SCHOOL
ACTIVITY :	<input type="checkbox"/> SCHOOL SPONSORED	<input type="checkbox"/> SCHOOL SUPERVISED	STUDENT WAS A:	<input type="checkbox"/> PARTICIPANT <input type="checkbox"/> SPECTATOR
TIME :	<input type="checkbox"/> BEFORE SCHOOL	<input type="checkbox"/> DURING SCHOOL	<input type="checkbox"/> DURING LUNCH	<input type="checkbox"/> AFTER SCHOOL
TRAVELLING :	<input type="checkbox"/> TO SCHOOL	<input type="checkbox"/> FROM SCHOOL	<input type="checkbox"/> TO FROM	RELIGIOUS SERVICE
ATHLETICS :	<input type="checkbox"/> INTRAMURALS	<input type="checkbox"/> INTERSCHOOL		

INJURY					
FIRST AID RENDERED				BY WHOM?	
PARENTS NOTIFIED	WHEN?	HOW?	BY WHOM?		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
FAMILY PHYSICIAN		WAS HE CALLED?	WHEN?	BY WHOM?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER INSURANCE					
DISPOSAL OF CASE	STUDENT WENT: <input type="checkbox"/> HOME <input type="checkbox"/> TO CLASS <input type="checkbox"/> TO HOSPITAL				
WITNESSES					
SUPERVISOR ON DUTY				PHONE NO.	

APPLICABLE IN NEW YORK

FOR YOUR PROTECTION NEW YORK LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:
 Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

DATE OF THIS REPORT _____ SCHOOL PERSONNEL IN CHARGE _____ PHONE NO. _____