TOWN OF ROCKY HILL





REPORT OF INCIDENT / ACCIDENT ON TOWN PROPERTY OR AT SPONSORED ACTIVITY

(Rev. 10/24/2017)

E	tudent mployee other: (Please specify)		
Department or School reporting	incident:		
Name of Injured:		Telephone #	
Address	City		Zip Code
Date of Incident:	Т	ime of Incident:	
Location of Incident:			
Nature of the injury / medical pr	roblem:		
Witness Name:		Telephone #	
Name of person supervising the	activity:		
Describe medical treatment:			
Was Parent or Guardian notified	d? Check One: Y	es No	
Name of Parent / Guardian:			
Report Completed By:		Date	