# Liability Claim Form

## Douglas County School District

**RISK RELATED ACTIVITIES**  
701 Prairie Hawk Dr., Castle Rock, CO 80109  
Phone 720-433-1104 / Fax 720-433-0071

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### NAME OF SCHOOL/LOCATION

#### CLAIMANT'S INFO

Name: (First, Middle, Last)  
Date of Accident

Home Address  
Time of Accident

City/State/Zip  
Report Date

Phone Number (home)  
If Athletic Injury, what Sport?

Student [ ]  
Visitor/Volunteer [ ]

Sex [ ] Male [ ] Female  
If student, grade

If Athletic Injury, was it a Practice [ ] or Event [ ]

### WHERE DID THE ACCIDENT HAPPEN?

Field [ ]  
Gym/Locker Room [ ]  
Bathroom [ ]  
Metal/Woodshop [ ]  
Cafeteria [ ]  
Other: [ ]

Classroom [ ]  
Gym/Locker Room [ ]  
Corridor/hall [ ]

### Specific Body Part Injured

List any parts of body injured and whether left or right side:  
(Abrasion, bruise, cut, fracture, sprain, etc.)

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<tr>
<th>Body Part</th>
<th>Nature of Injury</th>
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### WHAT HAPPENED? (Provide Detailed Description of the How the Accident Happened, What Happened, and Who was Involved)

- [ ] 911 CALLED?  
- [ ] FIRST AID TREATMENT?  
- [ ] SENT HOME?  
- [ ] SENT TO HOSPITAL/DR?  
- [ ] PARENT/OTHER NOTIFIED?

**RELATIONSHIP**  
**TIME NOTIFIED**

**PICKED UP FROM SCHOOL?**

### SUPERVISION AND WITNESS INFORMATION

Did accident happen - Before School [ ]  
After School [ ]  
During School [ ]  
Date Entered

Name of Employee(s) on Duty  
Other Information

Did employee(s) witness accident?  
Yes [ ] No [ ]

### SIGNATURES REQUIRED

**SIGNATURE/TITLE OF PERSON COMPLETING REPORT**  
**DATE**

**SIGNATURE/TITLE OF EMPLOYEE IN CHARGE WHEN ACCIDENT OCCURRED**  
**DATE**

**PRINCIPAL’S SIGNATURE**  
**DATE**

For more information visit: [http://www.dcsdk12.org](http://www.dcsdk12.org)

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