

APPENDIX I

Lathrop E. Smith Environmental Education Center MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland		OUTDOOR EDUCATION PROGRAM REPORT OF INJURY OR ILLNESS			
OUTDOOR EDUCATION CENTER		SCHOOL			
Date and Time of Accident or Illness	Name of Patient, Home Address, Age and Sex	Nature and Cause of Injury or Illness	Activity and Supervisor	Witnesses	Disposition of Patient Including Name/Address of Doctor or Hospital
SIGNATURE OF NURSE					DATE
SIGNATURE OF PRINCIPAL (OR TEACHER IN CHARGE)					DATE
SIGNATURE OF ON-SITE COORDINATOR					DATE