

Central Region School Insurance Group

_____ School District

CLAIM FOR INJURY OR DAMAGE

(To be completed by claimant and returned to the District Office, Business Services)

NAME OF CLAIMANT: _____ AGE: _____

RESPONSIBLE PARENT/GUARDIAN: _____

NAME OF OTHER PERSON FOR LEGAL NOTIFICATION: _____

LEGAL MAILING ADDRESS: _____

TELEPHONE NUMBER (including area code): _____

RESIDENCE ADDRESS OF CLAIMANT: _____

TELEPHONE NUMBER OF CLAIMANT: _____

DATE OF ACCIDENT OR LOSS: _____ TIME OF DAY: _____

LOCATION OF ACCIDENT: _____

PLEASE DESCRIBE WHAT HAPPENED AND WHY YOU FEEL THE SCHOOL IS RESPONSIBLE:

(Use additional sheets if necessary)

THE NAME(S) OF PERSON(S) CAUSING THE ACCIDENT OR LOSS (IF ANY): _____

AMOUNT YOU ARE CLAIMING:

\$ _____ **Medical Expense** _____

\$ _____ **Property Loss** _____

\$ _____ **Other** _____

\$ _____ **TOTAL CLAIM**

NAMES AND ADDRESSES OF WITNESSES: _____

I declare under penalty of perjury that the above statements are true and correct.

Signature of Claimant or Representative: _____ Date: _____

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS.
Every person who with intent to defraud, presents for allowance or payment any false or fraudulent claim against a public entity maybe guilty of a felony. (See California Penal Code 72)