Visitor Report of Injury

Name: __________________________________________________________
(Please include parent or guardian’s name if the injured is a minor.)

Mailing Address: _____________________________________________________________________________________
_____________________________________________________________________________________

Daytime Phone: __________________________ ________    Evening Phone: __________________________

Building Where Injury Occurred:  
- [ ] Mississippi Heights  
- [ ] Pleasantview  
- [ ] Rice  
- [ ] Hillside  
- [ ] Middle School  
- [ ] High School

Date of injury: _______________________________________

Fully describe the nature of the injury, include the following:

What injury occurred (list body part(s) affected) _____________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Explain how the injury occurred ____________________________________________________________________ 
___________________________________________________________________________________________________

Explain where the injury occurred __________________________________________________________________
___________________________________________________________________________________________________

Witness to Injury

Name: ______________________________________________________  Phone: ____________________________

Injury resulted in what treatment at the site:  
- [ ] First Aid  
- [ ] Ambulance/Paramedics  
- [ ] Other (specify) ________________________________________________________________

What factors, events or conditions contributed to the incident?  ____________________________________________________________________ 
___________________________________________________________________________________________________

Signature: ____________________________ Phone Number: ____________________________

Date: ____________________________

Return completed form to building office for processing.

Visitor Injury Report 2022