



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.