THOMPSON SCHOOL DISTRICT

Subject to Board Policy: A report must be completed and submitted in a timely manner. This report may be completed by the school nurse, coach or other staff person who handles the incident.

GUESTS AND VISITORS INCIDENT REPORT

Revised 7/2016

SCHOOL: **DATE OF INCIDENT:** **TIME OF INCIDENT:**

GUEST/VISITOR INFORMATION:					
Name:	Date of Birth (if under 18):		Sex:	☐ Male	☐ Female
Home Address:		Home Phone:			
City/State/Zip:					
Parent/Guardian Name:		Work Phone:			

Is injured party an employee of Thompson School District? ☐ Yes ☐ No

INCIDENT INFORMATION:				
Where did incident occur? (Be specific. Give school name, area/room, etc.)				
How did incident occur? (Be specific. What was guest attending/doing?)				
Were other students involved? Yes ☐ No ☐ Were there witnesses? Yes ☐ No ☐				
List witnesses below:				
Name:		Name:		
Home Phone:		Home Phone:		

Information below is NOT a medical diagnosis, but is based on presented symptoms and guest's description.

NATURE OF INJURY:		**PART OF BODY INJURED:** (indicate left, right, upper, lower, etc.)		
☐ Abrasion	☐ Dislocation (possible)	☐ Abdomen	☐ Face	☐ Mouth
☐ Amputation	☐ Fracture (possible)	☐ Ankle	☐ Finger	☐ Neck
☐ Bite	☐ Puncture	☐ Arm	☐ Foot	☐ Nose
☐ Bruise/Swelling	☐ Respiratory	☐ Back	☐ Hand	☐ Scalp
☐ Burn	☐ Scratches	☐ Chest	☐ Head	☐ Shoulder
☐ Concussion (possible)	☐ Seizure	☐ Elbow	☐ Knee	☐ Tooth
☐ Cut/Laceration	☐ Sprain/Strain	☐ Eye	☐ Leg	☐ Wrist
☐ Other (specify)		☐ Other (specify)		

IMMEDIATE ACTION TAKEN:	**DESCRIBE INJURY/CARE/FOLLOW-UP**
☐ No treatment given	
☐ First Aid (Describe in box on right)	
☐ ER Visit (Describe in box on right)	
☐ Doctor's Office Visit (Describe on right)	
☐ Other (Describe on right)	

Reported by: _____ School Position: _____

Phone/Ext: _____ Date of Report: _____

WITHIN 24 HOURS OF INCIDENT, EMAIL COMPLETED FORM TO DOROTHY BARNHART, SANDY CHANEY & SCHOOL NURSE OR FAX TO DISTRICT INSURANCE OFFICE (613-6169).