Student or Adult Visitor/Volunteer Accident Report

Student or Adult Visitor/Volunteer Name ________________________ Age _______ Grade ___________

Date of Birth ___________________ Sex M or F Phone Number ( )______________________

Current Address ____
Street City, State Zip

School/Facility Where Accident Occurred ____

Date of Accident _________________ Time of Accident __________________ am / pm

Cause of Accident ____

Nature of Injury		Place of Accident		Body Part Injured		
☐ Scratch	☐ Concussion	☐ Classroom	☐ Gym	☐ Ankle	☐ Foot	☐ Leg
☐ Fracture	☐ Head Injury	☐ Hallway	☐ Parking Lot	☐ Arm	☐ Face	☐ Nose
☐ Bruise	☐ Sprain / Strain	☐ Bathroom	☐ Sidewalk	☐ Back	☐ Finger	☐ Teeth
☐ Burn	☐ Cut / Puncture	☐ Cafeteria	☐ Stairs	☐ Neck	☐ Hand	☐ Wrist
☐ Dislocation	☐ Bite	☐ Playground	☐ Athletic Field	☐ Eye	☐ Knee	☐ Shoulder
		☐ Ag Farm				
☐ Other ________________________		☐ Other ________________________		☐ Other ________________________		

Describe Accident and Injury in Detail ____
____
____
____

Were There Any Witnesses to the Accident? ☐ Yes ☐ No

List Below Name, Address, and Phone Number of Witness (es):

1. ____
2. ____
3. ____

Was First Aid Administered? ☐ Yes ☐ No If Yes, By Whom? _____________

Was Person Taken To ☐ Home ☐ Hospital ☐ Physician By Whom? ___

Signature of Person Completing Report ______________________________ **Date** ___________________

IF MEDICAL OR HOSPITAL TREATMENT WAS REQUIRED PLEASE COMPLETE THE FOLLOWING:

Name and Address of Physician or Hospital ____

____

OFFICE USE ONLY

Supervising Employee ____

Date Accident Reported ________________________ Time Reported _________________ am / pm

Type of Event Injured Person was Attending ____

Signature of Building Principal/Supervisor ____

COPY OF THIS REPORT IS TO BE SENT TO **LORI THOMPSON** AT CENTRAL OFFICE

Review/Revised:9/26/2017