

**VISITOR**

**Record of Personal Injury or Accident on Monroe Township School District Property.  
This Incident Report is used to document an occurrence in a School District building or on School  
District property in which someone other than an employee or student is injured.**

If there are witnesses to the incident, a signed statement should be requested.  
This form, and any witness statement, should be completed and forwarded to the  
Business Office, Administration Building, within two days of the incident.

**PLEASE PRINT:**

Name of injured: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

City/State/Zip: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Describe Incident/Accident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name/Address/Phone # \_\_\_\_\_

\_\_\_\_\_

Was any medical treatment needed? \_\_\_\_\_

Name/Address/Phone # of Doctor or Facility: \_\_\_\_\_

\_\_\_\_\_

I hereby certify that the foregoing is a true and accurate account of the incident:

Signature of injured: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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Print name of person completing form: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_