



Sedalia School District Accident Report Form Initial Report for Visitor Accidents

Visitor's Personal Information

Last Name	First Name	Middle Initial
Street Address	City	State, Zip
Cell Phone Number	Work Phone Number	Email
Date of Birth		

Incident Information

Date of Accident	Time of Accident	Date Reported	Location of Accident <i>(Name of Building and Area of the Building)</i>
Accident Description (injuries, part of body injured)			
Claim Summary (include all relevant details regarding occurrence of accident, what exactly was visitor doing, tools or equipment involved, etc.)			
Initial Medical Treatment			
☐ None Required ☐ Refused ☐ First Aid Only ☐ Physician Visit ☐ Emergency Room Visit			
School Nurse Providing Treatment:			
Witnesses Name		Witnesses Contact Information	
Visitor Signature		Date	
Administrator Signature		Date	

Contact Linda Myers, Sedalia School District Insurance Coordinator at 660-829-6471, 660-287-4409
 Administrator/School Nurse, email this form to Linda Myers, myersl@sedalia.k12.mo.us LSM 5/21/15