



Student/Non-Employee
Injury/Incident Report

Use this form to report incidents involving students or visitors involved in an injury or incident on campus. To report an EMPLOYEE injury/incident, report to the building supervisor and fill out the First Report of Injury.

Student/Visitor Information

Name: _____ Grade: _____ Teacher: _____
Home Address: _____ City: _____ State: _____ Zip: _____
☐ Student ☐ Visitor Home/Cell Phone: _____

Injury/Incident Information *To be completed by any WM employee*

Injury/Incident Date & Time: _____

Location of Incident (Room #, Building, Parking Lot) _____

Immediate action taken (check all that apply)

☐ 9-1-1 Notified ☐ Went to Nurse's office ☐ First Aid Provided ☐ Went to Doctor ☐ Went to Hospital

If so, name and location: _____

If so, transported by whom: _____

Nature of Injury: (identify how the injury or incident occurred. Include the parts of the body affected. Add an additional page if necessary.)

What equipment, tools, machines, objects or substances were involved?

List all known witnesses: (include name and phone number)

If student, Name and phone number of parent who was notified:

Name of Reporting Party Phone Number Title Date

Signature of Building Principal Date

Completed forms should be sent to the District Office.