



STUDENT/VISITOR INCIDENT REPORT

This report is to be made for any incident occurring on school property or en route to and from school, and involving personal injury, which, at the discretion of the principal or administrative supervisor, might be considered out of the ordinary. The form is to be prepared IMMEDIATELY for each person so involved. The principal or administrative supervisor is to retain the GOLD copy and forward the WHITE, YELLOW and PINK to the Comptroller's office.

Name of School		Date of Accident		Time of Accident <input type="checkbox"/> am <input type="checkbox"/> pm			
Name of Injured Party		Phone		Age	Sex		
Address		Grade or Position					
		Status <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Trespasser <input type="checkbox"/> Visitor If visitor, reason for visit: <input type="checkbox"/> Other, describe:					
Description of Accident (How did the accident happen? What was the injured person doing? What tool, machine or equipment was involved? What teacher, supervisor or administrator was responsible for the area? Who witnessed the accident?)							
Witness Name - 1		Address		Telephone Number			
Witness Name - 2		Address		Telephone Number			
Witness Name - 3		Address		Telephone Number			
Location		Type of Injury		Body Part(s) Affected			
<input type="checkbox"/> Athletic Field <input type="checkbox"/> Bus <input type="checkbox"/> Bus Stop <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Gymnasium <input type="checkbox"/> Hallway <input type="checkbox"/> Laboratory <input type="checkbox"/> Locker Room <input type="checkbox"/> Maintenance Area <input type="checkbox"/> Other _____		<input type="checkbox"/> Abrasion <input type="checkbox"/> Amputation <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Bite (Animal or Insect) <input type="checkbox"/> Bite (Human) <input type="checkbox"/> Burn (Chemical) <input type="checkbox"/> Burn (Heat) <input type="checkbox"/> Concussion <input type="checkbox"/> Other (describe)		<input type="checkbox"/> Dislocation <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Laceration <input type="checkbox"/> Fracture <input type="checkbox"/> Poisoning <input type="checkbox"/> Puncture <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Sprain/Strain		<input type="checkbox"/> Abdomen <input type="checkbox"/> Ankle <input type="checkbox"/> Arm <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Ear <input type="checkbox"/> Eye <input type="checkbox"/> Face <input type="checkbox"/> Other (describe)	
		<input type="checkbox"/> Office <input type="checkbox"/> Playground <input type="checkbox"/> Restroom <input type="checkbox"/> Sidewalk <input type="checkbox"/> Swimming Pool Area <input type="checkbox"/> Stairs (Inside) <input type="checkbox"/> Stairs (Outside) <input type="checkbox"/> Theater or Stage <input type="checkbox"/> Vocational Shops <input type="checkbox"/> Off-premises		<input type="checkbox"/> Finger <input type="checkbox"/> Foot <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Leg <input type="checkbox"/> Mouth <input type="checkbox"/> Tooth <input type="checkbox"/> Wrist		-	
Immediate Action Taken							
<input type="checkbox"/> None <input type="checkbox"/> First Aid provided <input type="checkbox"/> Medical Ambulance called <input type="checkbox"/> School Nurse notified <input type="checkbox"/> Parent/Guardian notified <input type="checkbox"/> Name of Parent/Guardian notified: <input type="checkbox"/> Parents/Guardian Telephone Number: _____ (Home) _____ (Work) <input type="checkbox"/> Injured person released to <input type="checkbox"/> Self <input type="checkbox"/> Home <input type="checkbox"/> Class <input type="checkbox"/> Physician <input type="checkbox"/> Hospital <input type="checkbox"/> Other <input type="checkbox"/> Time released: _____							

Report Completed by: _____ Title: _____

Report Reviewed by: _____ Principal or Title: _____

Date: _____

Telephone Number: _____

NOTE: This report is for record purposes only and does not constitute the admission of liability on the part of the school system or any employee thereof.