

## STUDENT/VISITOR INCIDENT REPORT

School District: \_\_\_\_\_ School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ (am/pm)

Home Address/Telephone: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street City, State, Zip

Description of Location: \_\_\_\_\_ Grade: \_\_\_\_\_

### ALLEGED INCIDENT INFORMATION

Reported By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ (am/pm)

Describe How the Alleged Incident Occurred:

\_\_\_\_\_

Person Supervising Student: \_\_\_\_\_

Please Describe Alleged Injury (*Include part of body*): \_\_\_\_\_

Name/Address/Telephone of any witnesses (*Please indicate if none*): \_\_\_\_\_

Was first aid rendered? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, by whom/date/time: \_\_\_\_\_

Did student remain in school remainder of day/activity? YES \_\_\_\_\_ NO \_\_\_\_\_ Describe first aid: \_\_\_\_\_

Did student receive medical attention by a doctor or hospital? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, describe medical attention. If unknown, please state:

\_\_\_\_\_

Name/Address/Telephone # of physician or hospital: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Person Contacted/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contacted by: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ (am/pm)

If Emergency Contact Was Not Contacted, Please State Reason: \_\_\_\_\_

Completed by Name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Title: \_\_\_\_\_

Reviewed by Name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Title: \_\_\_\_\_