

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: _____