



# STUDENT (VISITOR) ACCIDENT REPORT

CONFIDENTIAL

Provide Student or Visitor (including Volunteer) information  
For paid district staff use the **Employee Accident Investigation Report**  
Please print clearly in black ink with as much detail as possible

**Student's last name** \_\_\_\_\_ **First name** \_\_\_\_\_  
 Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth \_\_\_\_\_

**Visitor's last name** \_\_\_\_\_ **First name** \_\_\_\_\_  
 Visitor phone # \_\_\_\_\_ Purpose of visit \_\_\_\_\_

1. Date of accident \_\_\_\_\_ 2. Time of accident \_\_\_\_\_ 3. Date reported \_\_\_\_\_

4. Building \_\_\_\_\_ 5. Location of accident \_\_\_\_\_

6. Adult witness (if applicable)? Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

7. Describe the accident and identify any contributing factors (what, why and how the accident occurred)

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8. Body part(s) injured:  **Both Sides**  **Left**  **Right**  
 Head  Neck  Shoulder  Upper Back  Lower Back  Elbow  Wrist  Hand  
 Finger(s)  Torso  Hip  Leg  Knee  Ankle  Foot  Toe(s)  
 Describe injury/symptoms (cut, swelling, dizziness) \_\_\_\_\_

9. Action taken following the accident (administered first aid, school health office, contacted parent, called 911, etc.)

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Staff name (in print) \_\_\_\_\_ Date \_\_\_\_\_

Principal or building authority \_\_\_\_\_ Date \_\_\_\_\_

Please submit to the Business Office: fax 952-681-6435 or scan/email to [jhazel@isd271.org](mailto:jhazel@isd271.org)