



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 with as much detail as possible

Student's Last Name _____ **First Name** _____

Male _____ Female _____ Grade _____

Visitor Last Name _____ **First Name** _____

Visitor Phone # _____

Purpose of Visit _____

1. Date of accident _____ 2. Time of accident _____

3. Building _____ 4. Location of accident _____

5. Is there an adult witness? Name _____ Phone # _____
(If applicable)

Name _____ Phone # _____

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

7. 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)

Other _____

Staff Signature _____ Date _____

Principal or building authority _____ Date _____

Health Associate (If applicable) _____ Date _____

Submit completed form to the Purchasing Agent in the Business Services Office