

GUEST / VISITOR / NON-STAFF REPORT for ACCIDENTS / INCIDENTS

Describe the accident in sufficient detail to show the conditions that existed at the time of the accident. Any unsafe acts or conditions should be noted.

***** Please FAX immediately to the District Office, 378-6276 *****

Person Involved

Name (circle one): _____

Gender: _____ Age: _____ Phone: _____

Home address: _____

Reason for visit to campus _____

Accident / Incident Details

Date of Accident / Incident: _____ Time: _____ # School Days Lost: _____

Check location: _____ in bldg _____ grounds _____ to/from school _____ off campus

Specific location of Accident / Incident: _____

Description of Accident / Incident: _____

Nature of injury, include specific area of body: _____

Damage to property: _____

Note any existing unsafe acts or conditions: _____

Witnesses

Witness Name _____ Address _____ Phone _____

Witness Name _____ Address _____ Phone _____

Witness Name _____ Address _____ Phone _____

Supervision

Supervising staff when Accident / Incident occurred: Name: _____

Present at scene? (yes/no): _____ Title: _____

Additional notes: _____

Action / Response

Immediate action taken: _____

First Aid given by: _____

Describe Aid: _____

Check action: Sent to office ___ Sent home ___ 911 called ___ Sent to Dr. / hospital ___

Notification

Check family member/guardian notified: Mother _____ Father _____ Guardian _____

Other (include description of relationship) _____

Contact phone number: _____ Responded to scene? (yes/no) _____

When notified? _____ By whom? _____

Insurance: _____

Person preparing report: _____ Title: _____

Signature: _____ Date: _____

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