

STUDENT/VISITOR INCIDENT REPORT *(Circle one)*

School District/Insured _____ School/Location _____

Student/Visitor _____ am
 (Circle one) Last Name First Name Alleged Incident Date Time pm

Mailing Address _____ Street City, State, Zip _____ DOB ____/____/____

Description of Location _____ Grade _____

ALLEGED INCIDENT INFORMATION

Reported By _____ Date ____/____/____ Time _____ am
 pm

Describe where within building/location alleged incident occurred and How:

Person Supervising Student/Visitor

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/visitor remain in school rest of day/activity? YES NO Describe first aid _____

Did student/visitor 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 _____

Completed by Name: _____ Date ____/____/____ Title _____

Reviewed by Name: _____ Date ____/____/____ Title _____