



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)

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.)

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