



## **Student – Visitor Injury Report**Write legibly. To be filled out by School Personnel

School Name:		District:		ncident Date:	Incident Time:	
Injured Party's Name:		Phone:		age/DOB:	□Male □Female	
Address:					Grade:	
Status: □ Student □ Visitor □ Trespasser						
<b>Description of Accident</b> (How did the accident happen? What was the injured person doing? What tool, machine or equipment was involved?)						
What Teacher/Supervisor/Administrator was responsible for the area:						
Witness Name:		Address:		Telephone Number	Telephone Number:	
Witness Name:		Address:		Telephone Number	Telephone Number:	
Location		Type of Injury		Body Pa	Body Part(s) Affected	
□Athletic Field	□Office	□Abrasion	□Dislocation	□Abdomen	□Finger	
□Bus	□Playground	□Amputation	□Electrical Shoc	k □Ankle	□Foot	
□Bus Stop	□Restroom	□Asphyxiation	□Laceration	□Arm	□Hand	
□Cafeteria	□Sidewalk	☐Bite (Animal/Insect)	□Fracture	□Back	□Head	
□Classroom	□Pool Area	□Bite (Human)	□Poisoning	□Chest	□Leg	
□Gym	□Stairs Inside	□Burn (Chemical)	□Puncture	□Ear	□Mouth	
□Hallway	□Stairs Outside	□Burn (Heat)	□Sprain/Strain	□Eye	□Tooth	
□Science Lab	□Voc. Shop	□Concussion		□Face	□Wrist	
□Locker Room	□Stage Area	□Other (Describe)		□Other (Describe	)	
□Maint. Area	□Other (Specify):					
Immediate Actio	n Takan (ahaali	all that apply)				
Immediate Action Taken (check all that apply)						
□ First Aid (Specify)						
□ School Nurse notified □ Ambula			ulance called		□ None	
□ Parent/Guardian called						
Name of Parent/Guardian notified:						
Parent/Guardian Telephone number: Home:Work:						
Injured person released to:   Self Parent/Guardian Ambulance/Hospital Other (specify)						
Time Released:am pm						
Report Completed by:			Title:			
Report Reviewed by Principal (signature):						
Date Reviewed: Telephone Number:						

Submit to: mallory.flowers@sspencer.k12.in.us