JWF Specialty

Student – Visitor Injury Report

Write legibly. To be filled out by School Personnel

School Name:	**District:**	**Incident Date:**	**Incident Time:**
Injured Party's Name:	**Phone:**	**Age/DOB:**	**☐Male ☐Female**
Address:			**Grade:**
Status: ☐ Student ☐Visitor ☐ Trespasser	If Visitor, reason for visit:		

Description of Accident (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:
Witness Name:	Address:	Telephone Number:

Location		**Type of Injury**		**Body Part(s) Affected**	
☐Athletic Field	☐Office	☐Abrasion	☐Dislocation	☐Abdomen	☐Finger
☐Bus	☐Playground	☐Amputation	☐Electrical Shock	☐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 Action Taken (check all that apply)

☐ First Aid (Specify) _____

☐ School Nurse notified ☐ Ambulance 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: angie.wallis@sspencer.k12.in.us