



Student – Visitor Injury ReportWrite 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	□Finge	r
□Bus	□Playground	□Amputation	□Electrical Sh	ock	□Ankle	□Foot	
□Bus Stop	\square 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)	\square Puncture		□Ear	□Mout	h
□Hallway	□Stairs Outside	□Burn (Heat)	□Sprain/Strain	n	□Eye	□Tootl	ı
□Science Lab	□Voc. Shop	□Concussion			□Face	□Wrist	
□Locker Room	□Stage Area	□Other (Describe)			□Other (Describe	e)	
□Maint. Area	□Other (Specify):						
		v.					
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: darby.lambert@msdmartinsville.org