

# STUDENT/VISITOR INCIDENT REPORT

School District: \_\_\_\_\_ School Name: \_\_\_\_\_

Alleged Incident:

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Last name, first name)

Home Address: \_\_\_\_\_ Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
DOB \_\_\_\_\_

Description of Location: \_\_\_\_\_ Grade: \_\_\_\_\_

[NOTE: If this report is not for a student, please type "VISITOR" on the Grade line above.]

## ALLEGED INCIDENT INFORMATION

Reported By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Describe How the Alleged Incident Occurred:

Person Supervising Student: \_\_\_\_\_

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 remain in school remainder of day/activity? YES \_\_\_\_\_ NO \_\_\_\_\_ Describe first aid: \_\_\_\_\_

Did student receive medical attention by a doctor or hospital? YES \_\_\_\_\_ NO \_\_\_\_\_ Yes, describe medical attention. If unknown, please state: \_\_\_\_\_

Name/Address/Telephone # of physician or hospital: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Person Contacted/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

If Emergency Contact Was Not Contacted, Please State Reason: \_\_\_\_\_

Completed by Name: \_\_\_\_\_ Date \_\_\_\_\_ Title: \_\_\_\_\_

Reviewed by Name: \_\_\_\_\_ Date \_\_\_\_\_ Title: \_\_\_\_\_