

# VISITOR ACCIDENT REPORT

To be completed immediately and sent to the Business Office.

School District: Independent School District #318 - Grand Rapids, MN		School or Building the Accident Occurred at:	
School Address:		School Phone Number:	
Visitor's Name:			
Home Address:		Phone Number:	
Where did the accident occur?		Date & Time of Accident:	
How did the accident occur?			
Name of Witnesses Present at Time of Accident:		Address:	Phone Number:
Nature of Injury (Please Check):		Part of the Body Injured (Please Check): (Also Reference L=Left R=Right B=Both)	
Abrasion      Cut      Laceration		Abdomen      Chest      Finger      Knee	
Bruise/Bump      Dislocation      Puncture		Ankle      Elbow      Foot      Leg	
Burn      Fracture      Shock		Arm      Eye      Hand      Teeth	
Convulsion      Head Injury      Sprain		Back      Face      Head      Wrist	
Other		Other	
Was First Aid Applied? Yes      No	By Whom?	Disposition of Injured (home, doctor, hospital):	
Additional Comments:			

Report Submitted by:		Position:	Date:
Principal or Director Signature:			Date: