

Operational ServicesExhibit – Visitor Accident or Injury Form

*The supervisory staff member must complete this form for submission to the Superintendent whenever any visitor is injured on District property or at a District sponsored event. **This form is not for staff or students.** Employees injured during the course of work and students injured during the course of the school day or during a school-supervised and sponsored event shall complete the accident report documentation appropriate to them in lieu of this form.*

Name of injured person \_\_\_\_\_

Age \_\_\_\_\_  Male  Female Telephone \_\_\_\_\_

Address \_\_\_\_\_

Class, activity, or event \_\_\_\_\_

Accident location \_\_\_\_\_

Accident date \_\_\_\_\_ Time of accident \_\_\_\_\_

How did the accident occur? (Describe sequence of events) \_\_\_\_\_

\_\_\_\_\_

Emergency contact notified?  Yes  No If no, explain why: \_\_\_\_\_

\_\_\_\_\_

If yes, provide the following:

Contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Time and method of contact \_\_\_\_\_ By whom \_\_\_\_\_

Witnesses Information

Name	Address	Telephone

First aid administered?  Yes  No

If yes, describe first aid administered and by whom: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Building Administrator or Activity Supervisor  
(please print)

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Signature

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Date

APPROVED: