VISITOR ACCIDENT REPORT FORM

Cheney Public Schools

SIGNATURE OF PERSON COMPLETING FORM

NAME_____ **HOME ADDRESS**_____ **TIME OF ACCIDENT** _____

SCHOOL_____ **GENDER** ☐ M ☐ F **AGE**_____ **DATE** _____

NATURE OF INJURY

(CHECK ALL THAT APPLY)

- ACCIDENTAL ☐
- ACCIDENTAL CONTACT ☐
- ANIMAL BITE/STING ☐
- ASSAULT ☐
- ASSAULT W/ WEAPON ☐
- ATHLETIC INJURY (AFTER SCHOOL) ☐
- ATHLETIC INJURY (DURING SCHOOL) ☐
- BIO-HAZARD EXPOSURE ☐
- BURN/SCALD ☐
- CHEMICAL EXPOSURE ☐
- CHIPPED TOOTH ☐
- CHOKING ☐
- ELECTRICAL INJURY ☐
- EYE INJURY ☐
- FALL FROM ELEVATED SURFACE ☐
- FRACTURE ☐
- HIT BY FOREIGN OBJECT ☐
- HORSEPLAY ☐
- HUMAN BITE ☐
- ILLNESS ☐
- LACERATION ☐
- MEDICAL CONDITION ☐
- PUNCTURE WOUND ☐
- STRUCK STATIONARY OBJECT ☐
- TRIP/SLIP ☐
- VOCATIONAL ☐

BODY PART INJURED

	R	L
ANKLE	☐	☐
ARM	☐	☐
BACK	☐	☐
EAR	☐	☐
ELBOW	☐	☐
EYE	☐	☐
FACE	☐	☐
FINGER	☐	☐
FOOT	☐	☐
HAND	☐	☐
HEAD	☐	☐
HIP	☐	☐
KNEE	☐	☐
LEG	☐	☐
MOUTH	☐	☐
NOSE	☐	☐
WRIST	☐	☐

OTHER_____

LOCATION

- AUDITORIUM ☐
- BUS/BUS STOP ☐
- CAFETERIA ☐
- CLASSROOM ☐
- GYMNASIUM ☐
- HALLWAY ☐
- LIBRARY ☐
- LOCKER ROOM ☐
- OFF CAMPUS ☐
- PARKING LOT ☐
- PLAYGROUND ☐
- RESTROOM ☐
- SCHOOL GROUNDS ☐
- _____SHOP ☐
- _____FIELD ☐

OTHER_____

SPECIFY SCHOOL ACTIVITY

_____

_____

_____

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_____

IF ACCIDENT WAS THE RESULT OF A MACHINE OR EQUIPMENT FAILURE SPECIFY THE FAILURE IN DETAIL

_____

_____

_____

NAME OF SUPERVISOR IN CHARGE WHEN ACCIDENT OCCURRED

_____ **PHONE NUMBER**_____

WAS SUPERVISOR PRESENT AT TIME OF ACCIDENT? ☐YES ☐NO

ACTION TAKEN	BY WHOM	SPECIFY ACTION TAKEN
FIRST AID TREATMENT ☐		
SENT TO SCHOOL NURSE ☐		
AMBULANCE CALLED ☐		
SENT TO HOSPITAL ☐		
NO TREATMENT ☐		
OTHER_____ ☐		

WITNESSES

NAME_____ ADDRESS_____ PHONE_____

NAME_____ ADDRESS_____ PHONE_____

DESCRIPTION OF ACCIDENT

USE REVERSE SIDE IF NECESSARY

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Supervisor Signature Date

Form No. 697