



Sedalia School District Accident Report Form Initial Report for Visitor Accidents

Visitor's Personal Information

Last Name	First Name	Middle Initial
Street Address	City	State, Zip
Cell Phone Number	Work Phone Number	Email
Date of Birth		

Incident Information

Date of Accident	Time of Accident	Date Reported	Location of Accident <i>(Name of Building and Area of the Building)</i>

Accident Description (injuries, part of body injured)

Claim Summary (include all relevant details regarding occurrence of accident, what **exactly** was visitor doing, tools or equipment involved, etc.)

Initial Medical Treatment

None Required Refused First Aid Only Physician Visit Emergency Room Visit

School Nurse Providing Treatment:

Witnesses Name

Witnesses Contact Information

Visitor Signature

Date

Administrator Signature

Date