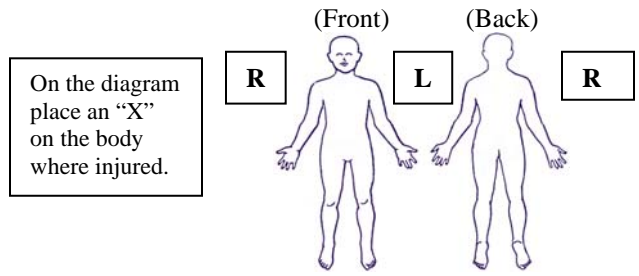




Columbus City Schools: Visitor Accident Report

1. Location _____
2. Visitor's Name _____ Age _____ Grade _____
 Address _____ City _____ State _____
 Phone Number(s) _____
3. Date of Accident _____ Time of Accident _____ AM PM
4. Specific Location of Accident _____
5. Please give a complete description of the accident (use back if more space is needed)

6. Witness name _____ Phone _____
 Address _____ City _____ State _____
 Witness name _____ Phone _____
 Address _____ City _____ State _____
7. Was there a visible injury? Yes No (If yes, indicate apparent nature of injury)
 Abrasion Cut Possible broken bone/dislocation
 Bruise Head Injury Teeth (broken)
 Other (explain) _____



8. Was first aid administered? YES NO
9. Was the visitor seen by a school nurse? YES NO
9. Was EMS (911) called? YES NO
10. If the visitor was a minor, was the parent/guardian notified? YES NO
 If unable to reach parent/guardian, who was notified? _____
11. Additional comments: _____

Prepared by: (please print) _____ Title: _____

Signature: _____ Date: _____

Administrators Signature: _____ Date: _____

Signature: _____ Date: _____

Please make three copies of this report:
 Send original to Health Services Office
 One copy kept by building administrator.