North East ISD VISITOR Accident / Incident Report

CAMPUS _____

VISITOR INFORMATION

NAME _____ SEX _____ DATE OF INJURY _____ TIME _____

ADDRESS _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP)

_____ (HOME PHONE) _____ (WORK PHONE)

CAUSE

- ☐ SLIP
- ☐ FALL
- ☐ STRUCK BY
- ☐ TRIPPED
- ☐ BITE
- ☐ KICKED
- ☐ CUT
- ☐ ASSAULT
- ☐ OTHER _____

ACCIDENT SCENE

- ☐ CLASSROOM
- ☐ CAFETERIA
- ☐ RESTROOM
- ☐ GYMNASIUM
- ☐ OFFICE
- ☐ OTHER _____
- ☐ SPECIAL ACTIVITIES/TRIPS
- ☐ HALLS
- ☐ PARKING LOT
- ☐ PLAYGROUND
- ☐ BUS
- ☐ PRIVATE VEHICLE

REASON FOR VISIT

- ☐ VOLUNTEER
- ☐ PICK LIP/DROP OFF CHILD
- ☐ VISITING TEACHER
- ☐ VISITING ADMINISTRATOR
- ☐ PTA ACTIVITY
- ☐ OTHER _____

STATEMENT DESCRIBING ACCIDENT: _____

WITNESS: _____ (Name) _____ (Home Number) _____ (Work Number)

_____ (Address) _____ (City) _____ (State) _____ (Zip)

WITNESS: _____ (Name) _____ (Home Number) _____ (Work Number)

_____ (Address) _____ (City) _____ (State) _____ (Zip)

NATURE OF INJURY (POSSIBLE)

- ☐ ABRASION
- ☐ BRUISE
- ☐ BURN
- ☐ CONCUSSION
- ☐ DISLOCATION
- ☐ OTHER _____
- ☐ FRACTURE
- ☐ LACERATION
- ☐ PUNCTURE
- ☐ SCRATCH
- ☐ SPRAIN

LOCATION OF INJURY (R OR L)

- ☐ ABDOMEN
- ☐ ANKLE
- ☐ ARM
- ☐ BACK
- ☐ CHEST
- ☐ OTHER _____
- ☐ EAR
- ☐ ELBOW
- ☐ EYE
- ☐ FACE
- ☐ FINGER
- ☐ FOOT
- ☐ HAND
- ☐ HEAD
- ☐ HIP
- ☐ KNEE
- ☐ LEG
- ☐ MOUTH/TEETH
- ☐ NECK
- ☐ NOSE
- ☐ SHOULDER
- ☐ STOMACH
- ☐ TOE
- ☐ WRIST

TREATMENT ADMINISTERED

FIRST AID GIVEN: _____

_____ ADMINISTERED BY: _____

EMS CALLED _____ (TIME) TRANSPORTED ___ YES ___ NO MEDICAL FACILITY _____

PICKED UP BY: _____ TIME _____ ABLE TO DRIVE _____ YES _____ NO

FOLLOW UP INFORMATION _____

SCHOOL NURSE'S SIGNATURE _____ DATE _____

PRINCIPAL'S SIGNATURE _____ DATE _____

NOTE: Due to the Texas TORT Claims Act, North East ISD can not assume any financial responsibility for Medical Care or Transportation, but will seek emergency assistance as needed.

Send completed form to Risk Management.