

North East ISD VISITOR Accident / Incident Report

VISITOR INFORMATION

CAMPUS: _____ DATE: _____ TIME: _____ AM/PM

LAST NAME _____ FIRST NAME _____ SEX _____
Print Print

ADDRESS _____
STREET CITY STATE ZIP

HOME PHONE _____ WORK PHONE _____

CAUSE

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

ACCIDENT SCENE

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

REASON FOR VISIT

- ☐ VOLUNTEER
☐ PICK UP/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 ☐ FRACTURE
☐ BRUISE ☐ LACERATION
☐ BURN ☐ PUNCTURE
☐ CONCUSSION ☐ SCRATCH
☐ DISLOCATION ☐ SPRAIN
- OTHER _____

LOCATION OF INJURY (R OR L)

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

TREATMENT ADMINISTERED

FIRST AID
 GIVEN: _____

ADMINISTERED BY: _____

EMS CALLED _____ TRANSPORTED ☐ YES ☐ NO MEDICAL FACILITY _____
TIME

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 cannot assume any financial responsibility for Medical Care or Transportation, but will seek emergency assistance as needed. For any questions, contact Risk Management - Attn: Carmen Longoria @407-0487.

Please e-mail form to (clongo@neisd.net) or fax (804-7014)

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