

School District 145  
**VISITOR ACCIDENT REPORT**

**INFORMATION OF PERSON INJURED**

Name \_\_\_\_\_ Employee \_\_\_\_\_ Visitor \_\_\_\_\_  
Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

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**ACCIDENT INFORMATION**

Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

Description of Accident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Injury \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness to Accident \_\_\_\_\_

Treatment or Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

Signature of Nurse or Health Assistant \_\_\_\_\_ Date \_\_\_\_\_