

CARTERET COUNTY SCHOOLS

VISITOR ACCIDENT REPORT

I. DATE/TIME OF ACCIDENT

Date of Accident _____ Time of Accident _____

Date Accident Reported _____

II. PERSONAL INFORMATION

Name of Injured _____

Age _____ Birthdate _____

Address _____

Telephone Number _____

III. GEOGRAPHICAL LOCATION OF THE ACCIDENT

A. General (i.e., school property or other property)

B. Specific (i.e., first floor, room number, playground, etc.)

IV. WITNESS

A. Name of any witnesses to the accident:

Name _____

Address _____

Telephone Number _____

Name _____

Address _____

Telephone Number _____

B. Name of the school employee who should be contacted to discuss the accident

Name _____

Job Position _____

School _____

V. DESCRIPTION

A. Description of how the accident occurred

B. Description of body injury

VI. TREATMENT

A. Was treatment given? _____ Yes _____ No

B. Who rendered treatment? (Please check the appropriate person)

_____ School Nurse

_____ Principal

_____ Teacher

_____ Assistant Principal

_____ Teacher Assistant

_____ School Volunteer

_____ Parent

_____ Rescue Squad

_____ Office Staff

_____ Other

* If Other, please give name and position _____

VII. FOLLOW-UP

A. Were the parents notified? _____ Yes _____ No

B. Was the school principal notified? _____ Yes _____ No

C. Was there follow up treatment?
(i.e., transported to the hospital, picked up, physician diagnosis)

VIII. OTHER INFORMATION/ COMMENTS

Signature of Person Completing Report

Date

Return
Carteret County Schools Central Office
Ann Walker
Date Filed _____