

Berlin Central School District

Visitor Incident/Injury Report

Visitor Please Complete This Section Only:

Name:

Today's Date:

Address:

Telephone:

Date of Birth:

Date of alleged injury/incident:

Time:

AM

PM

Location where alleged injury/incident occurred. (i.e. Stairs by main entrance, football field bleachers, etc.):

What were you doing at time of alleged injury/incident? (i.e. Walking up stairs, walking on sidewalk, etc.):

How did alleged injury/incident occur? (i.e. Slipped on ice, struck by object, etc.):

Nature of alleged injury/incident.

(Please fully describe the injury/incident and which body part(s) were affected):

Will you be seeking medical treatment? Yes No

If Yes, name of Licensed Health Care Provider and Location:

When did you report the alleged injury/incident? Date:

Time:

To whom did you report the alleged injury/incident?

Visitors Signature:

Date:

(If minor, signature of parent or guardian is required)

District Staff Please Complete (If applicable):

Date/Time injury/incident was reported to staff: Date: Time:

Nature of alleged injury/incident:

District Staff Signature: Date:

District Administration Please Complete:

Date/Time alleged injury/incident report was received: Date: Time:

Action Taken:

Notified Insurance Company Notified Facilities Department Notified Business Administrator

District Administration Signature: Date: