



HENRY COUNTY SCHOOLS VISITOR INCIDENT REPORT

To be completed by visitor immediately following any incident that resulted in an injury and turned into the location Administrator or Staff Member. The location administrator should forward this form to the office of Risk Management.

Visitor Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: ____ (____) _____ Email: _____

Accident Information

Date of incident: _____ Approximate time of incident: _____ AM / PM

Location of incident (be specific as to where, in what room or part of the property, etc.) _____

What happened, what was the cause of the incident: _____

What is the nature of the incident: _____

If injuries were involved; ☐ Was an Ambulance used, ☐ Will seek medical attention, or

☐ Medical attention not being sought at this time

Were their witnesses? ☐ Yes ☐ No

List names and phone # of witnesses: _____

Involved Party Signature: _____ Date: _____

Office Staff Use Only

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|----------------------|--------|
| Received By (PRINT): | Date: |
| Signature: | Phone: |
| School Location: | |