

**MONONA GROVE SCHOOL DISTRICT  
VISITOR ACCIDENT REPORT**

**DATE OF ACCIDENT:** \_\_\_\_\_

**TIME OF ACCIDENT:** \_\_\_\_\_

**NAME OF INJURED PARTY:**

(FIRST)

(MIDDLE)

(LAST)

**ADDRESS:**

(STREET)

(CITY)

(STATE)

(ZIP CODE)

**DATE OF BIRTH:**

**TELEPHONE NUMBER:**

**LOCATION OF ACCIDENT:**

**DESCRIBE ACCIDENT (PLEASE BE SPECIFIC):**

**ON-SITE TREATMENT PROVIDED:**

**ON-SITE TREATMENT PROVIDED BY:**

(NAME)

(ADDRESS)

(PHONE)

**FIRST-AID NEEDED:**

**AMBULANCE CALLED:**

**WITNESS TO ACCIDENT/INCIDENT:**

(NAME)

(ADDRESS)

(PHONE)

**REPORT COMPLETED BY:**

(NAME)

(POSITION/TITLE)

**DATE:**

**TIME:**

**BUILDING ADMINISTRATOR SIGNATURE:**

(NAME)

DATE: