



SUBMIT TO DISTRICT OFFICE (NO LATER THAN NEXT BUSINESS DAY)

ATTN: Business Manager
1640 HWY 2, SUITE 200
TWO HARBORS, MN 55616

INCIDENT REPORT FOR NON EMPLOYEES OR STUDENTS

Name: _____

Date: _____

Address: _____

Student: Y N Other: _____

Grade/Age: _____

School /Site Name: _____

School Contact: _____

School/Site Location: _____

Contact Phone #: _____

Location of Incident: _____

Description of how incident occurred: _____

Description of Injury/Body part affected: _____

Parent/Guardian(s) Information (if Student incident)

Name(s): _____

Parent Contacted: Y N

Address: _____

Call Detail: _____

Phone #: _____

Was 911 Called? Y N

Referred to Physician? Y N

Submittor: _____

Title: _____

Phone Ext: _____

Signature/Date: _____

District Office Only

Date Received: _____

Notes and Correspondance: _____
