



**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: \_\_\_\_\_

**Office Staff**

\_\_\_\_\_ Original to District Office

Received: \_\_\_\_\_

\_\_\_\_\_ Copy to Building Nurse (for student incidents)

\_\_\_\_\_ Copy to Building Principal (for student incidents)

Notes and Correspondance: \_\_\_\_\_

\_\_\_\_\_