



Brownsville Independent School District
Health Services
708 Palm Blvd. Ste. 111, Brownsville, Texas 78520

Maria E. Castillo, MSN, APRN-BC
Administrator

Student and Visitor Incident Report

*Must be completed within 24 hours from time of accidents and signed by the appropriated official at the accident location. Submit form to Health Services and Insurance Office.

Name of Injured Party: _____ Check one ___ Visitor ___ Student

If Student, Name of School _____

Home Address of Injured Party _____

City: _____ State _____ Zip Code _____

Telephone Number: _____ Date of Birth _____

Date of Injury _____ Time: _____

Specific Location Where Accident Occurred: _____

Type of Injury: _____

Witness Description of what Happened: _____

Describe Immediate Action Taken: _____

Name Of Witness: _____

Nature of Business on School Grounds When Accident Occurred: _____

To Be Completed By School Nurse. Copy to Health Office and School Office:

Nursing Observations and Assessment: _____

Actions Taken: _____

Signature of Person Completing Report

Nurse's Signature/Date

Date

Signature of Principal/Administrator

Date

*Please Note: This is a preliminary report for information purposes only. This is not a medical claim or an acceptance of liability relating to incident description.