

Standard School Incident Report

Name of School		School District	
Name of Injured Party		Date of Accident	Time of Accident <input type="checkbox"/> am <input type="checkbox"/> pm
Address		Age	Sex
Grade or Position			
Status <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Trespasser <input type="checkbox"/> Other, describe: _____			
Description of Accident (How did the accident happen? What was the injured person doing? What tool, machine or equipment was involved? What teacher, supervisor or administrator was responsible for the area? Who witnessed the accident?) _____ _____ _____ _____			
Witness Name - 1		Address	Telephone Number
Witness Name - 2		Address	Telephone Number
Witness Name - 3		Address	Telephone Number
Location		Type of Injury	
<input type="checkbox"/> Athletic Field <input type="checkbox"/> Bus <input type="checkbox"/> Bus Stop <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Gymnasium <input type="checkbox"/> Hallway <input type="checkbox"/> Laboratory <input type="checkbox"/> Locker Room <input type="checkbox"/> Maintenance Area <input type="checkbox"/> Other _____		<input type="checkbox"/> Abrasion <input type="checkbox"/> Amputation <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Bite (Animal or Insect) <input type="checkbox"/> Bite (Human) <input type="checkbox"/> Burn (Chemical) <input type="checkbox"/> Burn (Heat) <input type="checkbox"/> Concussion <input type="checkbox"/> Other (describe) _____	
<input type="checkbox"/> Office <input type="checkbox"/> Playground <input type="checkbox"/> Restroom <input type="checkbox"/> Sidewalk <input type="checkbox"/> Swimming Pool Area <input type="checkbox"/> Stairs (Inside) <input type="checkbox"/> Stairs (Outside) <input type="checkbox"/> Theater or Stage <input type="checkbox"/> Vocational Shops <input type="checkbox"/> Off-Premises		<input type="checkbox"/> Dislocation <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Laceration <input type="checkbox"/> Fracture <input type="checkbox"/> Poisoning <input type="checkbox"/> Puncture <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Sprain/Strain	
Body Part(s) Affected			
<input type="checkbox"/> Abdomen <input type="checkbox"/> Ankle <input type="checkbox"/> Arm <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Ear <input type="checkbox"/> Eye <input type="checkbox"/> Face <input type="checkbox"/> Other (describe) _____			
<input type="checkbox"/> Finger <input type="checkbox"/> Foot <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Leg <input type="checkbox"/> Mouth <input type="checkbox"/> Tooth <input type="checkbox"/> Wrist			
Immediate Action Taken			
<input type="checkbox"/> None <input type="checkbox"/> First Aid provided. Given by: _____ <input type="checkbox"/> Medical Ambulance called. Time of Call: _____ By: _____ <input type="checkbox"/> School Nurse notified. Time of Call: _____ By: _____ <input type="checkbox"/> Parent/Guardian notified. Time of Call: _____ By: _____ <input type="checkbox"/> Name of Parent/Guardian notified: _____ <input type="checkbox"/> Parents/Guardian Telephone Number: _____ (Home) _____ (Work) <input type="checkbox"/> Injured person released to <input type="checkbox"/> Self <input type="checkbox"/> Home <input type="checkbox"/> Class <input type="checkbox"/> Physician <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____ <input type="checkbox"/> Time released: _____			

Report Completed By: _____ Title: _____

Date: _____ Telephone Number: _____

NOTE: This report is for record purposes only and does not constitute the admission of liability on the part of the school system or any employee thereof.