

# Incident Reporting

## Incident/Injury School Report

This form is to be utilized by the Risk Manager, Administrator, Business Manager, or other person officially designated by the School District to be responsible for completing the incident report form which will be maintained as an internal School District document. Untrained personnel should **not** fill out this document. The appropriate supervisor should initially fill out this report and submit it to the Risk Manager for review and, if changes are necessary, the form should be resubmitted to the supervisor for signature on the final document. The District should retain only one copy of the final document housed in the central office files.

School District: \_\_\_\_\_ School: \_\_\_\_\_

If a personal injury: name, age or grade (if student) or position (if employee) of person(s) injured:

\_\_\_\_\_

Date of Incident/Injury: \_\_\_\_\_ Time of Incident/Injury: \_\_\_\_\_ Location: \_\_\_\_\_

Witnesses

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of injury sustained by any person(s) injured:

\_\_\_\_\_  
\_\_\_\_\_

Description of how person(s) was injured: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How was the injury treated (first aid, EMS, hospital, etc.)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If the incident involves property damage, describe the property damage including (to the extent possible) the age, condition, and value of property:

\_\_\_\_\_  
\_\_\_\_\_

If treatment from a school nurse is necessary, nurse should fill out the report on the reverse side.

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# SCHOOL NURSE REPORT FORM

This report should be filled out whenever an injury is severe enough to:

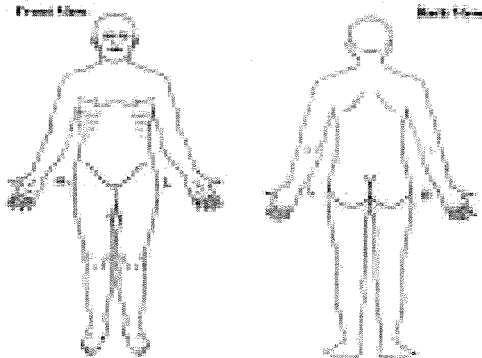
- a. Cause the loss of one-half (1/2) day or more of school;
- b. Warrant medical treatment (physician/ER, etc.); or
- c. Parent/guardian contact is necessary.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Circle injured area of body pictured below:



First aid given by: \_\_\_\_\_

Time: \_\_\_\_\_

Describe treatment given, if any, and additional remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time of parent/guardian contact: \_\_\_\_\_

Unable to contact parent/guardian: \_\_\_\_\_

Parent/guardian deemed no further treatment necessary: \_\_\_\_\_

Parent/guardian came to school and picked student up: \_\_\_\_\_ Time: \_\_\_\_\_

If "yes", describe what other treatment was necessary (i.e., transported to ER, other medical care providers were contacted [i.e., hospital emergency room doctor]): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was other medical treatment necessary: Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", describe other treatment (i.e., EMT provided treatment, ambulance was called and transported student, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Staff Reporting

Date

Administrator

Date