Carmel Clay Schools

Standard School Incident Report

Name of School		School District	Carmel Clay Schools
Name of Injured Party		Date of Accident	Time of Accident
Address of Injured Party		Age	Sex
		Grade or Position	
		Status ☐ Student ☐ Visitor ☐ Trespasser	
		☐ 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?)

☐ No Witnesses

Witness Name - 1	☐ Employee	☐ Volunteer
Witness Name - 2	☐ Employee	☐ Volunteer
Witness Name - 3	☐ Employee	☐ Volunteer

Location		Type of Injury		Body Part(s) Affected	
☐ Athletic Field	☐ Office	☐ Abrasion	☐ Dislocation	☐ Abdomen	☐ Finger
☐ Bus	☐ Playground	☐ Amputation	☐ Electrical Shock	☐ Ankle	☐ Foot
☐ Bus Stop	☐ Restroom	☐ Asphyxiation	☐ Laceration	☐ Arm	☐ Hand
☐ Cafeteria	☐ Sidewalk	☐ Bite(Animal)	☐ Fracture	☐ Back	☐ Head
☐ Classroom	☐ Swimming Pool	☐ Bite(Human)	☐ Poisoning	☐ Chest	☐ Leg
☐ Gymnasium	☐ Stairs(Inside)	☐ Burn(Chemical)	☐ Puncture	☐ Ear	☐ Mouth
☐ Hallway	☐ Stairs(Outside)	☐ Burn(Heat)	☐ Repetitive Motion	☐ Eye	☐ Tooth
☐ Laboratory	☐ Theatre or Stage	☐ Concussion	☐ Sprain/Strain	☐ Face	☐ Wrist
☐ Locker Room	☐ Vocational Shop	☐ Other		☐ Other	
☐ Maintence Area	☐ Off-Premise				
☐ Other					

Immediate Action Taken

☐ None

☐ First Aid Provided. Given By:

☐ Medical Ambulance Called. Time of Call: By:

☐ School Nurse Notified. Timeof Call: By:

☐ Parent/Guardian Notified. Time of Call: By:

☐ Name of Parent/Guardian notified:

☐ Parent/Guardian Telephone Number: (Home) (Work)

☐ Injured Person Released To: ☐ Self ☐ Home ☐ Class ☐ Physician ☐ Hospital ☐ Other

☐ Time Released:

Person Completing Form:

Printed: ______________________________

Signature: ______________________________ Principal Signature: ______________________________

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.