INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number **506.2.1.4P** Adopted **July 1980** Revised **August 2013**

Title **Medical Incident Report for Students, Community Education Participants and Visitors**

This form is to be completed by the District 196 staff person reporting the serious injury or illness of a district student, community education participant or visitor within 24 hours.

Today's date _____

Student/Participant/Visitor _____ Gender ☐ M ☐ F Grade _____

School/Building _____ Date of incident _____ Time of incident _____ ☐ AM ☐ PM

Parent/Guardian name(s) _____

Address: _____ Phone number(s) _____
street city/state/zip

Part(s) of Body Involved (please circle R for right or L for left as appropriate)

☐ abdomen/groin ☐ ankle (R/L) ☐ arm (R/L) ☐ back ☐ chest/rib ☐ ear (R/L) ☐ elbow (R/L)
☐ eye (R/L) ☐ face ☐ finger/thumb ☐ foot/toes (R/L) ☐ forehead ☐ hand (R/L) ☐ head/skull
☐ hip (R/L) ☐ knee (R/L) ☐ leg (R/L) ☐ mouth ☐ nose ☐ scalp ☐ side (R/L)
☐ shoulder (R/L) ☐ wrist (R/L) ☐ tooth ☐ other _____

Nature of Injury/Illness

☐ abrasion/scratch ☐ amputation ☐ bite ☐ breathing ☐ bump/bruise ☐ burn ☐ choking
☐ dislocation ☐ electric shock ☐ fall/trip ☐ foreign body ☐ fracture ☐ head injury ☐ laceration/cut
☐ poisoning ☐ puncture ☐ scratches ☐ sprain/strain ☐ nosebleed
☐ other _____

Location of Injury/Incident

☐ athletic field ☐ auditorium ☐ cafeteria ☐ classroom ☐ corridor/hall ☐ field trip ☐ gymnasium
☐ locker room ☐ pool ☐ restroom ☐ school grounds ☐ stairway ☐ to/from school
☐ parking lot ☐ other _____

Describe the injury/incident in detail:

How did the injury/incident occur?

What equipment/activity were involved with the injury/incident?

Action Taken and Follow Up

What, if any, first aid treatment was given?

First aid treatment provided by (name) _____ Position _____
Name of witness (if any) _____ Position _____
Name of parent notified _____ Time _____ ☐ AM ☐ PM Notified by _____
Time of transfer of care _____ ☐ AM ☐ PM Sent home with (name) _____
☐ sent to school nurse ☐ returned to class ☐ sent home ☐ physician referral ☐ 911 called

Follow-up report (doctor/clinic/hospital involved in treatment): _____

_____ _____ _____
Person completing report/signature Title Date

_____ _____ _____
Administrator signature Title Date

For a student, file in cumulative file
For a Community Education participant, file in appropriate Community Education office
For a visitor, file in school or building where the incident occurred

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