**School:** _____

Roseburg Public Schools
Roseburg, Oregon

# STUDENT INCIDENT REPORT

**Student Name:** _____ **Grade:** _____ **Date Incident Reported:** _____

**Person Preparing Report:** _____ **Date of Incident:** _____

**Location of Incident:** _____ **Time of Incident:** _____ ☐**am** ☐**pm**

**Witnesses:** _____

**Explain what student was doing just prior to and at the time of the incident (use sequence of events), please be specific:** _____

_____

_____

_____

_____

_____

**Root Cause?** _____

_____

## Nature of Injury

☐ Laceration ☐ Abrasion ☐ Burn or Electric Shock ☐ Inflammation ☐ Skin Rash ☐ Localized Pain
☐ Dislocation ☐ Foreign Object ☐ Jammed Finger or Toe ☐ Difficulty Breathing ☐ Insect Sting ☐ Bite ☐Animal Bite
**Tooth:** ☐ Chipped ☐ Broken ☐ Loosened ☐ Knocked Out **Eye:** ☐ Cut ☐ Bruised ☐ Foreign Object
☐ Other _____

## Parts of Body Affected

| Head/Neck | Left Side | Right Side |
|---|---|---|
| □ Scalp | □ | □ |
| □ Neck | □ | □ |
| □ Ears | □ | □ |
| □ Eyes | □ | □ |
| □ Mouth | □ | □ |
| □ Teeth | □ | □ |
| □ Face | □ | □ |

| Upper Extremities | Left Side | Right Side |
|---|---|---|
| □ Shoulder | □ | □ |
| □ Upper Arm | □ | □ |
| □ Elbow | □ | □ |
| □ Forearm | □ | □ |
| □ Wrist | □ | □ |
| □ Hand | □ | □ |
| □ Fingers | □ | □ |

| Lower Extremities | Left Side | Right Side |
|---|---|---|
| □ Thigh | □ | □ |
| □ Lower Leg | □ | □ |
| □ Knee | □ | □ |
| □ Ankle | □ | □ |
| □ Foot/Toes | □ | □ |

| Trunk | Left Side | Right Side |
|---|---|---|
| □ Lower Back | □ | □ |
| □ Upper Back | □ | □ |
| □ Chest | □ | □ |
| □ Abdomen | □ | □ |
| □ Hip | □ | □ |
| □ Groin | □ | □ |

**Name of Parent/Guardian Notified:** _____ **Date Notified:** _____ **Time:** _____ □am □pm

**Type of First Aid Administered:** □ Ice □ Bandage □ Other _____
**First Aid Administered by:** _____ **Job Title:** _____

**Principal Signature:** _____ **Date:** _____

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**FOR BUSINESS OFFICE USE ONLY**

**Student Birthdate: _____ Home Phone: _____**

**Parent/Guardian Name: _____**

**Address: _____**

**Student Transported?** ☐ No ☐ Yes If yes, transported by ☐ Parent/Guardian ☐ Ambulance

**Professional Treatment By: _____ Hospital: _____**

**District Safety Officer Signature: _____ Date: _____**