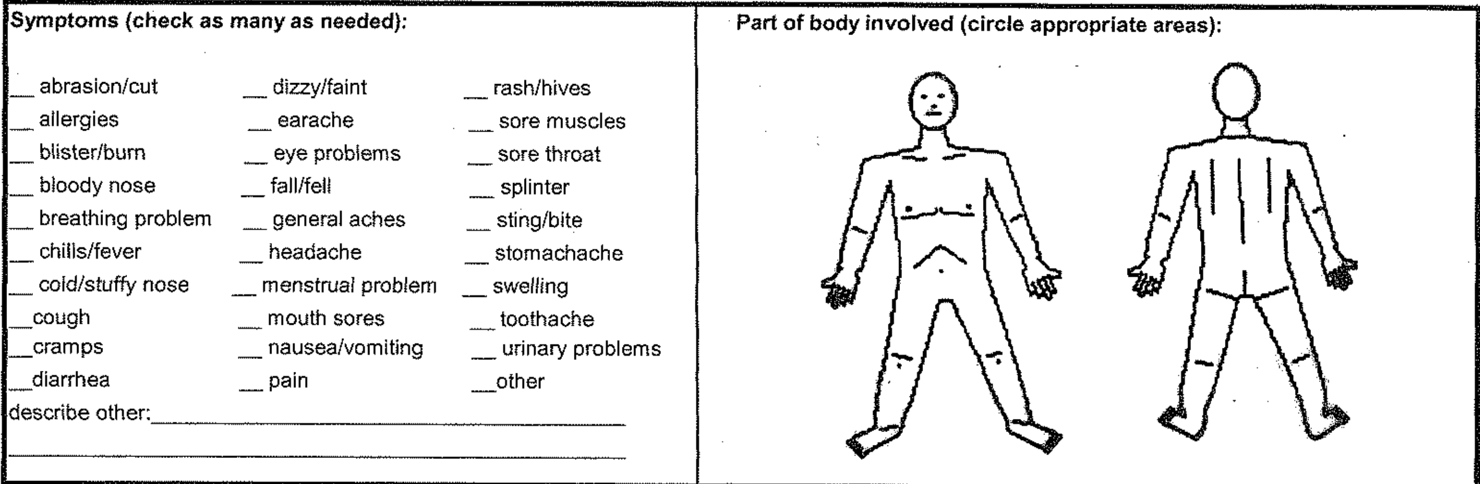
Updated: 10/7/2012

CRESTWOOD LOCAL SCHOOLS
INCIDENT REPORT

Date of Incident: ______________ Name of Injured:____

Time of Incident:______________ Place of Incident:____

Is the injured person (circle one): Visitor Student (grade: ______) Employee



Symptoms (check as many as needed):

__ abrasion/cut	__ dizzy/faint	__ rash/hives
__ allergies	__ earache	__ sore muscles
__ blister/burn	__ eye problems	__ sore throat
__ bloody nose	__ fall/fell	__ splinter
__ breathing problem	__ general aches	__ sting/bite
__ chills/fever	__ headache	__ stomachache
__ cold/stuffy nose	__ menstrual problem	__ swelling
__cough	__ mouth sores	__ toothache
__cramps	__ nausea/vomiting	__ urinary problems
__diarrhea	__ pain	__other

describe other:____

____

Part of body involved (circle appropriate areas):

Description of incident:

Action Taken:____

____By Whom: ______________________Time:______________

The parent/responsible person was contacted (circle the appropriate response): by phone copy of incident report

Comments: ____

General Condition (circle as many as apply:)

ALERT CONFUSED UNRESPONSIVE BREATHING **NOT** BREATHING BLEEDING PULSE PRESENT

Fire Dept/EMS notified: ___YES ___ NO Fire Dept/EMS name: ______________________________

Was patient transported: ___ YES ___ NO If **yes**, destination: ______________________Transported by______________

If this is an employee incident, please complete this section (don't hold the form to get this information - it can be completed by the Safety Coordinator.):

Employee Date of Birth: ______________________ Employee Address: ______________________________

Employee SSN: ______________________ ______________________________

Employee Position: ______________________

Employee Hire Date: ______________________ Employee Phone #: ______________________________

Employee Annual Salary: ______________________

Person completing form:____Date:__________

Witness' (to incident) Signature: ____Date:__________

Administrator's Signature: ____Date:__________

Original to Treasurer Copies to: Superintendent, Safety Coordinator, School Nurse, Administrator, Parent