DOUGLAS COUNTY SCHOOL DISTRICT

REPORT OF STUDENT ACCIDENT / INJURY

SCHOOL NAME	SCHOOL'S PHYSICAL ADDRESS	
STUDENT NAME	**GRADE**	**AGE**
STUDENT'S ADDRESS		**TELEPHONE**
TEACHER'S NAME		

LOCATION OF ACCIDENT	DAY	TIME

CHECK (CIRCLE) POSSIBLE NATURE OF INJURY:

- ABRASION (SCRAPED WOUND)
- CONTUSION (BRUISED WOUND)
- LACERATION (TORN WOUND)
- INCISED WOUND (CLEAN OUT)
- STRAIN OR SPRAIN
- DISLOCATION
- FRACTURE
- INTERNAL INJURY
- Other: _____

CHECK (CIRCLE) PART OF BODY INJURED:

- HEAD — SCALP — FACE — EYE
- NECK
- ARMS — ARM — FOREARM — HAND
- CHEST
- ABDOMEN
- BACK (INCLUDING SPINE)
- PELVIS
- LEGS — THIGH — LEG — FOOT

CAUSE OF INJURY

WAS CAUSE OF INJURY PLAYGROUND RELATED? ☐ YES ☐ NO

IF YES, EQUIPMENT ID# AND DESCRIPTION: _____

NAMES OF PERSONS PRESENT - WITNESS	ADDRESS
1	
2	
3	

IMMEDIATE ACTION TAKEN:

- ☐ *FIRST-AID TREATMENT* — GIVEN BY: _____
- ☐ *SENT TO SCHOOL NURSE* — BY: _____
- ☐ *RELEASED TO PARENT* — BY: _____
- ☐ *RELEASED TO PARENT (IN NEED OF ADDITIONAL CARE)* — BY: _____
- ☐ *9-1-1- CONTACTED* — BY: _____

NAME OF HOSPITAL	*SIGNATURE IF RELEASED TO PARENT*

WAS A PARENT OR OTHER INDIVIDUAL NOTIFIED? ☐ YES ☐ NO WHEN: _____

HOW: _____

NAME OF INDIVIDUAL NOTIFIED: _____

BY WHOM: _____

SIGNATURE OF DCSD STAFF MEMBER COMPLETING REPORT

SIGNATURE OF PRINCIPAL	DATE OF REPORT

COPY VIA EMAIL TO:

1. **LEEANN CAIRES, HR BENEFITS COORDINATOR; LCAIRES@dcsd.k12.nv.us**
2. **KEEP ORIGINAL FOR SITES RECORDS**

Revised 8-13-2018

Student Injury/Incident Report Instructions

Student Injury Reports:

If a student is injured in any way on district property (including transportation vehicles), a Student Injury form MUST be completed in a timely manner documenting the incident. Take pictures if applicable for documentation purposes and attach to Student Injury form. Follow the instructions below to forward the completed form to the appropriate people *at the earliest possible time after the injury has occurred*.

***If parents or guardians contact the site asking for information regarding the injury or any questions applicable to a previously submitted claim, please refer them to Jasmine Sanchez, ASC Risk Management, at (775) 329-1181, or (800) 291-6826.*

Incident Reports:

If a loss or incident resulting in damage to district property occurs, an Incident Report form should be completed immediately detailing the incident. Take pictures if applicable for documentation purposes and attach to Incident form. Please follow the instructions listed below on how to forward the completed form to the appropriate people.

Instructions for BOTH forms:

1. Complete all applicable fields on the attached form providing as much detail as possible.
2. Print for Site Principal / Department Supervisor Signature
3. Scan report and forward via email:

Leeann Caires, HR Benefits Coordinator; lcaires@dcsd.k12.nv.us

When emailing the form, please create one email distributing the file to each person listed above, noting what form is enclosed along with date of incident captured in the subject line, and how to contact you with any questions if necessary. Also include any pictures that may have been taken.

4. Retain electronic or paper copy of the final signed report for the site's files.

**If you have any questions please contact Leeann Caires at 775-782-7177 ext 1639