Incident Report

This form shall be completed by the appropriate employee(s) as soon as possible after an incident occurs.

Date of Incident: _____ Time of Incident: _____ ☐ AM ☐ PM

Name of School: _____ School District: _____

Name of Injured Party: _____

Address: _____

Phone Number: _____

Age: _____ Grade or Position: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

Parent's Name (if student): _____

Describe the incident in detail (use back of form, if needed):

Who witnessed the incident?

Name: _____ Phone Number: _____

Address: _____

Location of Incident

☐ Athletic Field ☐ Classroom
☐ Cafeteria ☐ Office
☐ Hallway ☐ Restroom
☐ Playground ☐ Gymnasium
☐ Stairs ☐ Locker Room
☐ Theater or Stage ☐ Off-Premises
☐ Bus ☐ Sidewalk
☐ Other _____

Type of Injury

☐ Abrasion ☐ Puncture
☐ Bite ☐ Asphyxiation
☐ Burn ☐ Dislocation
☐ Poisoning ☐ Laceration
☐ Sprain/Strain
☐ Concussion
☐
☐ Other _____

Body Part(s) Affected

☐ Abdomen ☐ Arm ☐ Foot
☐ Ear ☐ Face ☐ Tooth
☐ Hand ☐ Leg
☐ Wrist ☐ Back
☐ Ankle ☐ Finger
☐ Eye ☐ Mouth
☐ Head ☐ Chest
☐ Other _____

Immediate Action(s) Taken

☐ None
☐ First Aid Provided
☐ Medical Ambulance Called
☐ School Nurse Notified

Given By _____
Time of Call _____ By _____
Time of Call _____ By _____

Injured Person Released To

☐ Self (Parent/Guardian Notified)
☐ Home ☐ Physician
Time Released _____ ☐ AM ☐ PM

Time of Call _____
☐ Hospital ☐ Other _____

Report Completed By: _____
Print Name

_____
Title

_____
Signature

_____
Date

Review/Revised:11/7/2016