

Contributing factors *check all that apply*

- | | | |
|--|---|--|
| <input type="checkbox"/> Animal bite | <input type="checkbox"/> Drug, alcohol, or other substance involved | <input type="checkbox"/> Physical altercation |
| <input type="checkbox"/> Collision with object | <input type="checkbox"/> Fall | <input type="checkbox"/> Struck by auto, bike, etc. |
| <input type="checkbox"/> Collision with person | <input type="checkbox"/> Foreign body/object | <input type="checkbox"/> Struck by object (bat, swing, etc.) |
| <input type="checkbox"/> Compression/pinch | <input type="checkbox"/> Hit with thrown object | <input type="checkbox"/> Tripped/slipped |
| <input type="checkbox"/> Contact with hot or toxic substance | <input type="checkbox"/> Overextension/twisted | |
| <input type="checkbox"/> Weapon specify | | <input type="checkbox"/> Other explain |

Description of incident (Detailed as possible)

Witnesses to the incident

Staff involved *check all that apply*

- | | | | | |
|--|--|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Assistant staff | <input type="checkbox"/> Cafeteria staff | <input type="checkbox"/> Nurse | <input type="checkbox"/> Secretary | <input type="checkbox"/> Other specify |
| <input type="checkbox"/> Bus driver | <input type="checkbox"/> Custodians | <input type="checkbox"/> Principal | <input type="checkbox"/> Teacher | |

Incident response *check all that apply*

<input type="checkbox"/> First Aid	Time	By whom	
<input type="checkbox"/> Called 911	Time	By whom	
<input type="checkbox"/> Parent/guardian notified	Time	By whom	
<input type="checkbox"/> Unable to contact parent/guardian	Time	By whom	
<input type="checkbox"/> Parents deemed no medical action necessary	<input type="checkbox"/> Returned to class	<input type="checkbox"/> Sent/taken home	Days of school missed
<input type="checkbox"/> Taken to health care provider/clinic/hospital/urgent care	Diagnosis		Days of school missed
<input type="checkbox"/> Hospitalized	Diagnosis		Days of school missed
<input type="checkbox"/> Restricted school activity	Explain	Length of time restricted	Days of school missed
<input type="checkbox"/> Other explain			

Describe care provided to the student

Additional comments

Signature of staff member completing form	Date/time
Nurse's signature	Date/time
Principal's signature	Date/time