## Gulfport School District Student Incident Report

## **Student Information**

Jeauciie iiii	····		•••																										
Name													D	ate o	of inc	ident													
Date of Birth Grad					Grade							☐ Male ☐ Female					Т	Time of incident											
Parent/gua	rdia	an iı	nfor	ma	tion	1																							_
Name(s)									\ (	Work phone																			
Address										H	Home phone																		
City					State				Zip Cell phone																		_		
School info	rma	itio	n		-1								, ,		,														
School												P	Phone																
Location of	::	:da.	<b></b> ,										(		)														
Location of incident check appropriate b  ☐ Athletic field ☐ Cafeteria ☐ Bus ☐ Classroom						te bo	ox □ Gymnasium □ Hallway						☐ Parking lot ☐ Restroom ☐ Playground ☐ Stairway																
□ Other explain																													
Time of inc	ider	nt ch	eck a	nppro	priat	e bo	ĸ																						
☐ Recess ☐ Lunch ☐ P.E. class											☐ In class (not P.E.) ☐ Class change ☐ Field Trip																		
	☐ Before School ☐ After School ☐ Unknown ☐ Other explain										$\neg$																		
Athletic Practice		sion:																											
☐ Athletic team competition ☐ Intramural competition																													
Equipment																													
☐ No equipment involved ☐ Equipment involved									l desi	describe																			
Surface chec	k all	that (	ylaan	,																									_
☐ Asphalt ☐ Concrete ☐ Gravel							☐ Ice/snow sium floor ☐ Lawn/gra						, ,				☐ Synthetic surface☐ Tile					☐ Wood chips/mulch							
☐ Carpet ☐ Dirt ☐ Gymnasium floor ☐ ☐ Other specify								⊔ La	iwn/g	your Dane Dine										$\neg$									
Type of inju	ار ا	check	all ti	hat a	pply																						_		T
	5			a	ıth/lips	:h/teeth			<td>Collarbone</td> <td>ılder</td> <td>er arm</td> <td>*</td> <td>Forearm</td> <td><u></u></td> <td>p</td> <td>er</td> <td>ernail</td> <td>st/ribs</td> <td></td> <td>omen</td> <td>۵</td> <td>Genitals</td> <td>Pelvis/hip</td> <td></td> <td>a</td> <td>a</td> <td></td> <td></td>	Collarbone	ılder	er arm	*	Forearm	<u></u>	p	er	ernail	st/ribs		omen	۵	Genitals	Pelvis/hip		a	a		
	Head	Eye	Ear	Nose	Mouth	Tooth/	Jaw	Chin	Neck/	Colli	Should	Upper	Elbow	Fore	Wrist	Hand	Finger	Finger	Chest/	Back	Abdon	Groin	Gen	Pelv	Leg	Knee	Ankle	Foot	Toe
brasion/Scrape																													
te																													
ump/Swelling																													
ruise																													
urn/scald																													
ut/laceration																											<u> </u>		<u> </u>
islocation																											<u> </u>		<u> </u>
acture																<u> </u>											<u> </u>		<u> </u>
ain/tenderness	_																										<u> </u>		<u> </u>
uncture																											<u> </u>		<u> </u>
orain																											<u> </u>		<u> </u>
ther		1	1	1		1	1	1	l	1	1	1		1	1	1	l	1	1			1	l	1	1	1	1	1	1

Contributing factors check all that apply											
	$\square$ Drug, alcohol, or other	substance involved	Physical altercation								
,	☐ Fall		$\square$ Struck by auto, bike, etc.								
	☐ Foreign body/object		$\square$ Struck by object (bat, swing, etc.)								
	☐ Hit with thrown object		☐ Tripped/sli <sub>l</sub>	oped							
	☐ Overextension/twisted										
☐ Weapon specify ☐ Other explain											
<b>Description of incident</b> (Detailed as p	oossible)										
Witnesses to the incident											
Staff involved check all that apply	_										
	☐ Nurse ☐ Secre	•	Other specify								
☐ Bus driver ☐ Custodians ☐	☐ Principal ☐ Teacl	her									
Incident response check all that apply											
☐ First Aid	Time	By whom									
		,	,								
☐ Called 911	Time	By whom									
☐ Parent/guardian notified	Time	By whom									
☐ Unable to contact parent/guardian	Time	By whom									
☐ Parents deemed no medical action necessary	☐ Returned to class	☐ Sent/taken hor	me	Days of school missed							
☐ Taken to health care provider/clinic/hospital/urgent care	Diagnosis			Days of school missed							
☐ Hospitalized			Days of school missed								
☐ Restricted school activity	Explain		Length of time restricted	Days of school missed							
☐ Other explain											
Describe care provided to the student											
and the state of t											
Additional comments											
Signature of staff member completing form	Date/time										
Nurse's signature	Date/time										
Principal's signature			Date/time								
			<u> </u>								