

**ORCHARD PARK CENTRAL SCHOOL DISTRICT
INCIDENT REPORT**

7520F
1 of 2

Building _____ Date of Report _____

Name _____ check one ☐ Student ☐ Employee ☐ Guest

Address _____ Phone # _____

_____ Cell # _____

Date of Birth _____ Age _____ Grade _____

Incident Summary:

Location of Incident _____

Day of Incident ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ S ☐ Su Date _____ Time _____ AM/PM
check one circle one

Type/Body Location of Injury _____

Detailed Description of Incident _____

Witness(es) Statement _____

Witness(es) Signature _____ Person in Charge of Activity _____

When Was Injury Reported to the District? _____ Date _____ Time _____ AM/PM

Was There Any Blood or Body Fluids Involved? ☐ Yes ☐ No

Emergency Services Contacted? ☐ Yes ☐ No

Treatment Summary:

Type of Treatment _____

Provided By _____

check one: ☐ Recommended Medical Attention ☐ Returned to Class/Job ☐ Sent Home ☐ Sent to Hospital ☐ Other
Other: _____

Method of Transport _____ By Whom _____

Parent/Guardian/Home Notification ☐ Yes ☐ No

Report Prepared By _____
Please Print Signature

Position _____
Principal/Supervisor Signature

For Employees Only

Hours Scheduled on the Day of the Incident: From: _____ AM/PM To: _____ AM/PM
Hours Worked on the Day of the Incident: From: _____ AM/PM To: _____ AM/PM

Copies to: ☐ Business Office ☐ Health Office ☐ School Office ☐ Safety Director* ☐ Employee**
*only when blood or body fluids are involved **if applicable

**ORCHARD PARK CENTRAL SCHOOL DISTRICT
INCIDENT REPORT (Cont'd.)**

7520F
2 of 2

Instructions for Student Incident Report

Incident reports should be completed immediately by teacher, nurse and signed by Building Principal. Completed forms should be sent to the Business Office for processing and copies kept in Health/School Office only.

Instructions for Employee Incident Report

Incident reports should be completed immediately by employee and signed by Principal/supervisor. Completed forms should also be sent to the offices listed at the bottom of the form.