06/07 EMH-407

CALCASIEU PARISH SCHOOLS

3310 Broad Street
Lake Charles, LA 70615

STUDENT INCIDENT REPORT

Only those accidents which occur under school jurisdiction or in the course of approved school activities need be reported. Please email (button below) this report promptly to **Risk Manager**.

Name of Student Injured: _____ Home Phone: _____

Guardian Name: _____ Work Phone: _____

School: _____

Sex: ◯ Male ◯ Female Age: _____ Grade: _____

INJURY

Date of Incident: _____ Parent Notified of Injury? ◯ Yes ◯ No

Previous Physical Defects:

Describe fully how accident occurred. (NOTE: Designate machine or part, tool, object, substance, or thing most directly contributing to the accident, giving special and specific attention to unsafe acts and to the kind of accident as "struck by," "caught in, "burning," "fall," etc. Attach additional pages if necessary.)

Location of Accident: Example gym, hallway, room #: _____

Did injury occur because of: Failure to obey rules? ◯ Yes ◯ No

Use of drugs or alcohol? ◯ Yes ◯ No

Nature and extent of injury--state exactly the part of the body affected and the character of the injury.

Did student leave school: ◯ Yes ◯ No

If yes, has student returned to school, give date: _____

If not, how long will student be away from school? _____

Name of Witnesses: _____ _____

_____ _____

_____ _____

Date of Report: _____

Report Prepared By: _____ _____

Name Title

Principal's Signature: _____

Submit to Risk Management, Administrative Director, and Print a Copy for School

Reset Form **Print Form** **Submit to Elem. Dept.** **Submit to Middle Dept.** **Submit to High Dept.**