

Student Injury Incident Report



Developmental Research School
at the University of Florida

Date of Incident _____ Time of Incident _____ AM/PM

Reported by _____

Student Legal Name – Last _____ First _____ Middle _____

Type of Injury Medical Physical Location Where Injury Occurred _____

Nature of Injury _____

Did the incident involve a Teacher or Staff Member? No Yes Name(s) _____

Disciplinary Action Indicated for Student No Yes If Yes, submit a Discipline Referral to an Administrator

Action Taken

School Clinic/Nurse First Aid On-campus Treatment CPR/AED EMS/911 Other

Description of Incident _____

Witnesses

Notification Made to Parent/Guardian Emergency Contact Administrator Nurse

Parent/Guardian Notified _____ by Time _____

Administrator Notified _____ by Time _____

Student Statement _____

Student Signature _____ Date _____

Administrator Signature _____ Date _____

Prevention – Describe any corrective actions indicated to prevent recurrence

Copies to Director, Administrator/Principal, and Business Services