Student Injury Incident Report

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