

# INCIDENT REPORT

The following information is to be completed by a school system employee who either observed the incident or is the primary employee responsible for the injured party.

Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**HEALTH HISTORY:**

\_\_\_\_\_  
\_\_\_\_\_

**LOCATION OF INCIDENT**

\_\_\_\_\_ Bus  
\_\_\_\_\_ Hallway  
\_\_\_\_\_ Classroom  
\_\_\_\_\_ Play/School Ground  
\_\_\_\_\_ PE Class  
\_\_\_\_\_ Shop  
\_\_\_\_\_ Restroom  
\_\_\_\_\_ Athletic Event  
\_\_\_\_\_ Other \_\_\_\_\_

**NATURE OF INCIDENT**

\_\_\_\_\_ Respiratory Emergency  
\_\_\_\_\_ Cardiac Emergency  
\_\_\_\_\_ Heat Related Emergency  
\_\_\_\_\_ Anaphylaxis  
\_\_\_\_\_ Fracture/Sprain/Strain  
\_\_\_\_\_ Burn  
\_\_\_\_\_ Laceration  
\_\_\_\_\_ Other \_\_\_\_\_

**BODY PART INJURED**

\_\_\_\_\_ Abdomen    \_\_\_\_\_ Foot  
\_\_\_\_\_ Ankle        \_\_\_\_\_ Hand  
\_\_\_\_\_ Arm            \_\_\_\_\_ Head  
\_\_\_\_\_ Back            \_\_\_\_\_ Knee  
\_\_\_\_\_ Chest           \_\_\_\_\_ Leg  
\_\_\_\_\_ Ear             \_\_\_\_\_ Neck  
\_\_\_\_\_ Elbow           \_\_\_\_\_ Wrist  
\_\_\_\_\_ Eye             \_\_\_\_\_ Other \_\_\_\_\_

**DESCRIPTION OF TODAY'S INCIDENT/EMERGENCY:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OBSERVATIONS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Did you observe the incident reported to you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If no, how was the incident reported to you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF EMPLOYEE:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

The following information is to be completed by the First Aid Provider.

**INTERVENTION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was blood or other body fluid present? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was the responder exposed to blood or body fluid? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was this an exposure incident? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were parent or parent designee notified? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of person notified: \_\_\_\_\_ Relationship: \_\_\_\_\_

Was 911 notified? \_\_\_\_\_ Yes \_\_\_\_\_ No

**SIGNATURE OF FIRST AID PROVIDER:** \_\_\_\_\_

