STUDENT—INCIDENT—REPORT—FORM

Instructions: Please complete this form electronically and immediately after an incident occurs. Obtain signatures-scan-email to ***Debbie.Manna@morongo.k12.ca.us*** with ***<Site Name>*** ***and <"Student Incident Report">*** in the Subject line of your email.

Student Name: _____ School/Site: _____

Grade Level: _____ Date of Incident: _____

Contact Phone#: _____ Time of Incident: _____

Home Address: _____ Room/Area Where Incident Occurred: _____

Gender: Male ☐ Female ☐

Description of Incident: Please describe how the incident happened. What was the student doing? List any specific acts by individuals. Please leave other student names out but rather naming others as Student A, B, or C etc. State conditions that led to the incident (include any tools, machinery or instrument involved).

_____

_____

Nature of Injury			Part of Body Injured		
___ Abrasion	___ Cut	___ Scratch	___ Abdomen	___ Face	___ Leg
___ Amputation	___ Dislocation	___ Shock	___ Ankle	___ Finger	___ Mouth
___ Asphyxiation	___ Fracture	___ Sprain	___ Back	___ Foot	___ Nose
___ Bite	___ Laceration	___ Splinter	___ Chest	___ Forearm	___ Shoulder
___ Bruise	___ Poisoning	___ Strain	___ Ear	___ Hand	___ Teeth
___ Burn	___ Puncture		___ Elbow	___ Head	___ Wrist
___ Concussion	___ Repetitive Stress Injury		___ Eye	___ Knee	
Other specify) _____			Other (specify) _____		

Did incident occur during class time? Y☐ or N☐ If yes, Class Name: _____

Was first aid administered? Y☐ or N☐

Did the student go to the Nurse/Office for treatment: Y☐ or N☐

Remarks: Recommendations for preventing other incidents of this type?

_____

Was any school rule violated by injured student? Please explain:

_____

Were the parents contacted? Please explain:

_____

Student Outcome? (home, hospital, doctor, back to class, etc.)

_____

Signed: _____ _____

Staff Present or Recording Health Tech/Nurse

Principal/Administrator

Discipline Taken, if any:

Revised: April 2022