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ALVIEW-DAIRYLAND UNION School District

STUDENT INCIDENT REPORT

1. STUDENT _____
2. ADDRESS _____

SS# _____ TEL _____
3. GRADE _____ DATE OF BIRTH _____
4. PARENTS _____

5. SCHOOL _____
6. CONTACT _____ TEL _____
7. DATE INJURED _____ TIME _____ AM/PM
8. WITNESSES:
a. _____ TEL _____
b. _____ TEL _____

9. WAS THE INJURY FATAL? ☐ yes ☐ no DID THE INJURY CAUSE STUDENT TO BE ABSENT? ☐ yes ☐ no NUMBER OF DAYS _____

10. NATURE OF INJURY (please enter appropriate codes for the injury and the area affected, if more than one begin with the most severe):

Injury

a. Most Severe _____
b. Other (if any) _____
c. Other (if any) _____

Injury Codes:

1. Cut 5. Bite 9. Broken Bone
2. Abrasion 6. Nosebleed 10. Burn
3. Bruise 7. Pain 11. _____
4. Sprain 8. Concussion (or suspected)

Area affected

a. Most Severe _____
b. Other (if any) _____
c. Other (if any) _____

Area Affected Codes:

1. Head 5. Eye 9. Shoulder 13. Elbow 17. Stomach 21. Ankle
2. Face 6. Mouth 10. Back 14. Wrist 18. Hips/Buttocks 22. Foot
3. Ear 7. Chin 11. Chest 15. Hand 19. Legs 23. Toe
4. Nose 8. Neck 12. Arm 16. Finger 20. Knee 24.

11. DESCRIPTION OF INCIDENT (MUST BE COMPLETED) _____

12. WAS A SCHOOL RULE VIOLATED? ☐ yes ☐ no By Whom? (explain) _____

13. OTHER CONTRIBUTING FACTORS (Check all that apply)

- | | | | |
|--|--|--|-------------------------------------|
| ☐ Animal bite | ☐ Chemical Contact/inhalation/ingestion | ☐ Foreign body/object in eye | ☐ Fall |
| ☐ Contact with heat/flare | ☐ Contact with equipment (pe/lab/shop/etc.) | ☐ Hit by thrown/flying object | ☐ Human bite |
| ☐ Fighting/roughhousing | ☐ Collision with person/object | ☐ Seizure disorder | ☐ Unknown |
| ☐ Insect bite/sting | ☐ Tripped/slipped | ☐ Compression/pinch | ☐ _____ |

Questions 14, 15, 16, 17: CIRCLE THE CODE(S) WHICH APPLY, IN EACH CATEGORY.

14 - ACTIVITY CODES:

- | | | |
|------------------------|--------------------------|-------------------|
| 1. Competitive Sport | b. Agriculture | 7. Food Service |
| 2. Physical Ed. | c. Homemaking | 8. Athletic Event |
| a. Football | d. Laboratory Science | 9. _____ |
| b. Baseball/Softball | e. Metal/Welding Shop | 10. _____ |
| c. Basketball | f. Performing Arts | 11. _____ |
| d. Soccer | g. Wood Shop | |
| e. Track/Field | h. Classroom | |
| f. Swimming/Diving | i. _____ | |
| g. Wrestling | 4. Recess (specify) | |
| h. Gymnastics | a. Supervised Activity | |
| i. Cheerleading | b. Unsupervised Activity | |
| j. _____ | | |
| 3. Classroom Instruct. | 5. Field Trip | |
| a. Arts/Crafts | 6. Transportation | |

15 - LOCATION CODES

1. Gymnasium
2. Shower/dressing room
3. Playing field
4. Hard surface play court
5. Swing
6. Slide
7. Climber

16 - SURFACE CODES

1. Carpet
2. Hard Flooring
3. Concrete
4. Asphalt
5. Grass
6. Bare Dirt
7. Sand
8. Gravel
9. Wood Chips
10. Soft Mat
11. _____

17 - PERIOD CODES

1. Before School
2. During School (if high school
Please specify 1st period, 2nd Pe
etc.)
3. During lunch or other break
period.
4. During a school program
5. After School
6. _____
7. _____

18. ACTIONS TAKEN BY SCHOOL (Please complete all that apply):

- | | | | |
|--|-------------------|---|--|
| ☐ First aid administered | Time: _____ AM/PM | By whom _____ | Job Title: _____ |
| ☐ Parent/guardian notified | Time: _____ AM/PM | By whom _____ | Job Title: _____ |
| ☐ Unable to reach parent | Time: _____ AM/PM | ☐ Returned to class | ☐ Sent/taken home |
| ☐ Checked by school nurse/EMT/Paramedic | _____ | ☐ Taken to hospital/emergency facility | _____ |

19. ACTIONS TAKEN BY PARENT (if applicable, PLEASE indicate information below)

Parents deemed no medical action necessary
Taken to Doctor/Hospital/Emergency Facility _____ Diagnosis _____
Restricted school activities (what & how long) _____

SUBMITTED BY: _____ TITLE: _____

DISTRICT OFFICE USE:

Corrective action taken: _____