



California Risk Management Authority
 7170 N. Financial Drive, Suite#130
 Fresno, CA 93720
 Phone (559) 476-2999
 E-mail: lperez@crma-jpa.org

CONFIDENTIAL DOCUMENT
Property of School District and CRMA I ONLY
DO NOT RELEASE to anyone
without approval from CRMA

Chowchilla High 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)
- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Animal bite | <input type="checkbox"/> Chemical Contact/inhalation/ingestion | <input type="checkbox"/> Foreign body/object in eye | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Contact with heat/flame | <input type="checkbox"/> Contact with equipment (pe/lab/shop/etc.) | <input type="checkbox"/> Hit by thrown/flying object | <input type="checkbox"/> Human bite |
| <input type="checkbox"/> Fighting/roughhousing | <input type="checkbox"/> Collision with person/object | <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Insect bite/sting | <input type="checkbox"/> Tripped/slipped | <input type="checkbox"/> Compression/pinch | <input type="checkbox"/> _____ |

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

14 - ACTIVITY CODES: 1. Competitive Sport 2. Physical Ed. a. Football b. Baseball/Softball c. Basketball d. Soccer e. Track/Field f. Swimming/Diving g. Wrestling h. Gymnastics i. Cheerleading j. _____ 3. Classroom Instruct. a. Arts/Crafts	b. Agriculture c. Homemaking d. Laboratory Science e. Metal/Welding Shop f. Performing Arts g. Wood Shop h. Classroom i. _____ 4. Recess (specify) a. Supervised Activity b. Unsupervised Activity 5. Field Trip 6. Transportation	7. Food Service 8. Athletic Event 9. _____ 10. _____ 11. _____ 15 - LOCATION CODES 1. Gymnasium 2. Shower/dressing room 3. Playing field 4. Hard surface play court 5. Swing 6. Slide 7. Climber	8. Sand Box 9. Classroom 10. Kitchen/Dining room/cafe/eteria 11. Auditorium 12. Office 13. Hallway 14. Sidewalk 15. Driveway/Parking Area 16. _____ 17. _____ 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 1 st period, 2 nd 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):

<input type="checkbox"/> First aid administered	Time: _____ AM/PM	By whom _____	Job Title: _____
<input type="checkbox"/> Parent/guardian notified	Time: _____ AM/PM	By whom _____	Job Title: _____
<input type="checkbox"/> Unable to reach parent	Time: _____ AM/PM	<input type="checkbox"/> Returned to class	<input type="checkbox"/> Sent/taken home
<input type="checkbox"/> Checked by school nurse/EMT/Paramedic _____		<input type="checkbox"/> 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: _____