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

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/cafeteria
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 schoo 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:
_____