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CHOWCHILLA UNION 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)

- | | | | |
|--|--|--|-------------------------------------|
| ☐ 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: _____