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

Area affected
a. Most Severe ____
b. Other (if any) ____
c. Other (if any) ____

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