

STUDENT INCIDENT REPORT

WEST LINN - WILSONVILLE SCHOOL DISTRICT 3JT

Reportable incident is an accident or sudden illness occurring to a student while under the jurisdiction of the school and resulting in suspected bodily harm that may require first aid and possible medical attention

INJURED STUDENT INFORMATION

Name: _____
 Address: _____
 City, St, Zip: _____
 Date of Incident: _____
 Time of Incident: _____

Parents: _____
 School: _____
 Grade: _____
 Home Phone: _____
 Work Phone: _____

INCIDENT SCENE		CAUSE OF INJURY		INCIDENT TYPE		NATURE OF INJURY		PART OF BODY	
	Athletic Field		Altercation		Bitten		Black Eye		Abdomen
	Bus		Animal/Insect		Bodily Reaction		Bruise/Bump		Arm/Elbow: L or R
	Bus Stop		Athletic Equipment		Choking		Burn		No Apparent Injury
	Cafeteria		Bodily Motion (Self)		Elec. Shock		Concussion		Back/Ribs
	Classroom		Bodily Motion (Others)		Fall		Cut/Gash/Scratch		Chest
	Gym		Chemicals		Interscholastic Sport		Dislocation		Eye: L or R
	Hallway		Collision		Over Exertion		Fainting/Unconscious		Foot/Toes: L or R
	Home Ec		Electrical		Pushed		Fracture		Hand/Wrist: L or R
	Laboratory		Class/Play Equipment		Poisoning		Multiple Injuries		Head/Neck
	Playground		Seizure		Poke/Stab		Pulled Muscle		Knee: L or R
	Lavatory		Slip/Trip		Struck		Puncture		Leg: L or R
	Stairs		Steps/Stairs		Tackled		Sprain		Mouth/Teeth
	PE		Vehicle		Other:		Twist/Jar/Jam		Nose-Resp. Sys
	Other:		Other:				Other:		Other:

DESCRIBE INCIDENT

Witness Name: _____ Supervising Staff Present: _____

IMMEDIATE ACTION TAKEN

First Aid Treatment: _____
 Provided by: _____
 Treatment: _____
 Sent Home: _____
 Called 911: _____
 Risk Management Notified? _____
 Parent notified? _____

FOLLOW-UP PROCEDURE DONE

OFFICE USE ONLY

Completed by: _____	Date: _____
Principal: _____	Date: _____
School Nurse: _____	Date: _____
Administration: _____	Date: _____

1 copy retain at school
 1 copy to district office