

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