DATE OF INCIDENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM

**PERRY COUNTY SCHOOLS**

**STUDENT INCIDENT/INJURY FORM**

**STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_**

**Part of Body:**

\_\_ Ankle \_\_ Hand

\_\_ Arm \_\_ Head

\_\_ Back \_\_ Knee

\_\_ Elbow \_\_ Leg

\_\_ Eye \_\_ Nose

\_\_ Face \_\_ Tooth

\_\_ Finger \_\_ Wrist

\_\_ Foot

\_\_ Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of Incident:**

\_\_ Classroom

\_\_ Hallway

\_\_ Bathroom

\_\_ Lunchroon

\_\_ Gymnasium

\_\_ Football Field

\_\_ Playground

\_\_ Bus

\_\_ Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nature of Incident:**

\_\_ Abrasion

\_\_ Bruise

\_\_ Burn

\_\_ Cut

\_\_ Laceration

\_\_ Puncture

\_\_ Scratches

\_\_ Sprain

\_\_ Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part of body:** Indicate LEFT \_\_\_\_ or RIGHT \_\_\_\_\_\_\_

**If finger, indicate hand and digit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIBE INCIDENT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Were Parents notified:**  \_\_\_\_YES \_\_\_\_ NO Time of Notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Was student taken to doctor/hospital?** \_\_\_\_YES \_\_\_\_ NO

**\*\*\*\* (IF YES, PLEASE COMPLETE K&K FORM and give to parent) \*\*\*\***

**IF YES, HOW and BY WHOM?** \_\_\_AMBULANCE \_\_\_PARENTS \_\_\_ OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Doctor/Hospital:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treatment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Person completing this form:**

**PLEASE submit this form to Rayeanna Emery**

**Perry County Schools Central Office**