

CLATSKANIE SCHOOL DISTRICT 6J

PO Box 678

Clatskanie OR 97016

CSD6J

FM #200

Rev 8/98

STUDENT INCIDENT REPORT

A reportable student incident is an incident occurring while the student is under school jurisdiction resulting in bodily injury that does or does not require first aid treatment or professional medical attention.

School Name \_\_\_\_\_ Date Reported \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_ Day of Week \_\_\_\_\_

Where did incident happen? \_\_\_\_\_ Who was supervising? \_\_\_\_\_

How did incident happen? (Describe fully, stating whether student fell, was pushed, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of injury, extent, and part of body involved \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Procedure followed and first aid rendered \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Who administered first aid? (Name and Title) \_\_\_\_\_

Were others involved?  yes  no. State names \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What action is being taken to prevent recurrence? (If applicable) \_\_\_\_\_

Name(s) of witnesses \_\_\_\_\_

Parents/Guardian notified?  yes  no. Name of person \_\_\_\_\_

Was school insurance form requested?  yes  no. Date sent \_\_\_\_\_

Was the incident the result of an unsafe act or condition?  yes  no

If yes, complete the back of this form.

\_\_\_\_\_  
Signature of Person Completing Report (Title)

\_\_\_\_\_  
Signature of Principal Date