

PLEASE PRINT LEGIBLY

Minor	Major
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HEALTH SERVICES (SAF-F001) STUDENT INCIDENT REPORT

			School	
School Principal		Teacher	Student's Age	
		Time	Student's Age	
Parent/Guardian Name				
			Zip Code	
Home Phone		Work Phone	<u> </u>	
Supervisory person at the time	of incident			
		· ·		
Location of Incident	Nature of Incident		Area of Complaint	
athletic event	anaphylaxis cru	ıshing	abdomen foot	
bus	cardiac pur	ncture	ankle hand	
classroom	health related bit	e	arm head	
hallway	joint/bone but	rn	back knee	
lunchroom	respiratory lac	eration	chest leg	
P.E. class	wound cor	ntusion	ear neck	
restroom	abrasion		elbow nose	
school ground	other		eye teeth	
shop			finger wrist	
other				
First Aid and Interventions:	cleaneds elevation of extrem	nitypres	ssure applied	
Vital Signs:B/P		ns Temper:		
Symptoms: decreased	-	_		
Symptoms decreased	persisted me	reased		
Was parent/guardian notified? Name of person notified	YesNo	Γime of notification:		
Was 911 called?Yes	No Was Studen	t transported to hosp	pital by EMSYesNo	
Student Disposition:			Time of Disposition:	
	pleted manually it should be far		ted complete by the nurse. If injury occu Health Department as early as possible.	
Print Name:			_	
Signature:		Title [.]		