

# HEALTH SERVICES (SAF-F001)

## STUDENT INCIDENT REPORT

PLEASE PRINT LEGIBLY

Student Name\_\_\_\_\_ Grade\_\_\_\_\_ School\_\_\_\_\_

School Principal\_\_\_\_\_ Teacher\_\_\_\_\_

Date of Injury\_\_\_\_\_ Time\_\_\_\_\_ Student's Age\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_

Home address\_\_\_\_\_ City, State, Zip Code\_\_\_\_\_

Home Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

**Supervisory person at the time of incident**\_\_\_\_\_

DESCRIPTION OF INCIDENT (to be completed by employee who **witnessed** the incident):

### Location of Incident

\_\_\_ athletic event

\_\_\_ bus

\_\_\_ classroom

\_\_\_ hallway

\_\_\_ lunchroom

\_\_\_ P.E. class

\_\_\_ restroom

\_\_\_ school ground

\_\_\_ shop

\_\_\_ other \_\_\_\_\_

### Nature of Incident

\_\_\_ anaphylaxis    \_\_\_ crushing

\_\_\_ cardiac        \_\_\_ puncture

\_\_\_ health related    \_\_\_ bite

\_\_\_ joint/bone        \_\_\_ burn

\_\_\_ respiratory        \_\_\_ laceration

\_\_\_ wound            \_\_\_ contusion

\_\_\_ abrasion

\_\_\_ other \_\_\_\_\_

### Area of Complaint

\_\_\_ abdomen        \_\_\_ foot

\_\_\_ ankle            \_\_\_ hand

\_\_\_ arm              \_\_\_ head

\_\_\_ back             \_\_\_ knee

\_\_\_ chest            \_\_\_ leg

\_\_\_ ear                \_\_\_ neck

\_\_\_ elbow            \_\_\_ nose

\_\_\_ eye                \_\_\_ teeth

\_\_\_ finger            \_\_\_ wrist

**Print** Name of person completing above section: \_\_\_\_\_

Signature of person completing above section: \_\_\_\_\_ Title \_\_\_\_\_

### **Clinical Evaluation Below by School Nurse, Athletic Trainer, or Coach**

Nurses Notes / Evaluation:

### **First Aid and Interventions:**

\_\_\_\_\_ cleaned    \_\_\_\_\_ splint    \_\_\_\_\_ ice pack

\_\_\_\_\_ elevation of extremity    \_\_\_\_\_ pressure applied

\_\_\_\_\_ other \_\_\_\_\_

**Vital Signs:**    \_\_\_\_\_ B/P    \_\_\_\_\_ Pulse    \_\_\_\_\_ Respirations    \_\_\_\_\_ Temperature

**Symptoms:**    \_\_\_\_\_ decreased    \_\_\_\_\_ persisted    \_\_\_\_\_ increased

Was parent/guardian notified? \_\_\_\_\_ Yes    \_\_\_\_\_ No    Time of notification: \_\_\_\_\_

Name of person notified \_\_\_\_\_

**Was 911 called?**    \_\_\_\_\_ Yes    \_\_\_\_\_ No    **Was Student transported to hospital by EMS**    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**Student Disposition:** \_\_\_\_\_ **Time of Disposition:** \_\_\_\_\_

This report will be emailed to the Safety and Health Department as soon as it is marked complete by the nurse. If injury occurs after school hours and form completed manually it should be faxed to the Safety and Health Department as early as possible.

Safety and Health fax # -931- 905-7908

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_