

Contributing Factors (circle all that apply):

Animal Bite	Overextension/Twisted	Contact with Hot or Toxic Substance
Collision with Object	Foreign Body/Object	Drug, Alcohol or Other Substance Involved
Collision with Person	Hit with Thrown Object	Weapon
Compression/Pinch	Tripped/Slipped	Specify _____
Fall	Struck by Object (bat, swing, etc)	Unknown
Fighting	Struck by Auto, Bike, etc	Other _____

Description of Incident: _____

Witness to the Incident: _____

Staff Involved (circle all that apply): Teacher Nurse Principal Assistant Staff Secretary
Custodian Bus Driver Cafeteria Other (specify) _____

Incident Response (circle all that apply):

First Aid: Time _____ By Whom: _____

Parent/Guardian Notified: Time _____ By Whom: _____

Unable to Reach Parent/Guardian (describe) _____

Parents Deemed No Medical Action Necessary

Returned to Class

Sent/Taken Home Days of School Missed _____

Assessment/Follow-up by School Nurse: Action Taken _____

Called 911

Taken to Health Care Provider/Clinic/Hospital/Urgent Care:
Outcome _____
Days of School Missed _____

Hospitalized:
Reason/Outcome _____
Days of School Missed _____

Restricted School Activity
Explain _____
Length of Time Restricted _____
Days of School Missed _____

Other _____

Describe care provided to the student: _____

Additional Comments: _____

Signature of Staff Member Completing Form: _____ Date/time _____

Nurses Signature: _____ Date/time _____

Principals Signature _____ Date/time _____