

## STUDENT INCIDENT REPORT OREGON CITY SCHOOL DISTRICT NO. 62

A reportable incident is an accident or sudden illness occurring to a student while under the jurisdiction of the school and resulting in suspected bodily harm that may require first aid and possible medical attention.

<b>INJURED STUDENT</b>				
1. Name _____ M / F School _____				
2. Address _____ Grade _____ School Code _____				
3. Parent(s) _____ Home Phone _____ Work Phone _____				
4. Date of Incident _____ 20 _____ Time _____ a.m. / p.m.				
5. INCIDENT SCENE	CAUSE OF INJURY	INCIDENT TYPE	NATURE OF INJURY	PART OF BODY
01 Athletic Field	20 Altercation	40 Bitten	60 Black Eye	80 Abdomen
02 Bus	21 Animal/Insect	41 Bodily Reaction	61 Bruise/Bump	81 Arm/Elbow L / R
03 Bus Stop	22 Athletic Equipment	42 Choking	62 Burn	82 No Apparent Injury
04 Cafeteria	23 Bodily Motion (Self)	43 Elec. Shock	63 Concussion	83 Back/Ribs
05 Classroom	24 Bod. Mtn. (Others)	44 Fall	64 Cut/Gash/Scratch	84 Chest
06 Gym	25 Chemicals	45 Interscholastic Sport	65 Dislocation	85 Eye L/R
07 Hallway	26 Collision	46 Over Exertion	66 Fainting/Unconscious	86 Foot/Toes L / R
08 Home Ec.	27 Electrical	47 Pushed	67 Fracture	87 Hand/Wrist L / R
09 Laboratory	28 Class/Play Equip.	48 Poisoning	68 Multiple Injuries	88 Head/Neck
10 Playground	29 Seizure	49 Poke/Stab	69 Pulled Muscle	89 Knees L / R
11 Lavatory	30 Slip/Trip	50 Struck	70 Puncture	90 Leg L / R
12 Stairs	31 Steps/Stairs	51 Tackled	71 Sprain	91 Mouth/Teeth
13 P.E.	32 Vehicle	52 Other	72 Twist/Jar/Jam	92 Nose-- Resp. Sys.
14 Other	33 Other		73 Other	93 Other
<b>6. DESCRIBE INCIDENT</b>				
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Witness Name: _____ Supervising Staff Present _____				
7. IMMEDIATE ACTION TAKEN	8. FOLLOW-UP PROCEDURES DONE			
First Aid Treatment Yes / No	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
Provided by: _____				
Treatment: _____				
Sent Home: Yes / No				
Called 911 Yes / No				
If yes, Business Manager Notified? Yes / No				
9. Was Parent Notified? Yes / No Person notified: _____ Time _____				
10. Report completed by: _____ Date _____				

### OFFICE USE ONLY

Report noted by: \_\_\_\_\_ Principal Date: \_\_\_\_\_

\_\_\_\_\_ School Nurse Date: \_\_\_\_\_

\_\_\_\_\_ Administration Date: \_\_\_\_\_

Distribution: Administration – White  
School – Yellow  
Health File – Pink