Standard School Incident Report

Risk Control from Liberty Mutual Insurance

_____
Date of Incident

_____
Name of School

_____
School District

_____
Name of Injured Party

_____
Address

_____
Grade or Position

_____ ☐ M ☐ F
Age *Sex*

_____ ☐ AM ☐ PM
Time of Incident

It's important to get as much detail as possible about the incident being reported, but gather the information in an organized and easy to read form.

Names of witnesses and names of responders such as nurses, people calling an ambulence, people providing first aid, should all be recorded.

Status

☐ Employee ☐ Student ☐ Visitor

☐ Trespasser ☐ Other *(describe)*: _____

Description of Incident

(How did the incident happen? What was the injured person doing? What tool, machine or equipment was involved? What teacher, supervisor or administrator was responsible for the area?)

Who Witnessed the Incident? *(List below)*

_____
Witness One Name

_____ _____
Address *Phone*

_____
Witness Two Name

_____ _____
Address *Phone*

_____
Witness Three Name

_____ _____
Address *Phone*

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Location of Incident

- [ ] Athletic Field
- [ ] Bus
- [ ] Bus Stop
- [ ] Cafeteria
- [ ] Classroom
- [ ] Gymnasium
- [ ] Hallway
- [ ] Laboratory
- [ ] Locker Room
- [ ] Maintenance Area
- [ ] Office
- [ ] Off-Premises
- [ ] Playground
- [ ] Restroom
- [ ] Sidewalk
- [ ] Stairs *(Inside)*
- [ ] Stairs *(Outside)*
- [ ] Swimming Pool Area
- [ ] Theater or Stage
- [ ] Vocational Shops
- [ ] Other *(describe)*: _____

Type of Injury

- [ ] Abrasion
- [ ] Amputation
- [ ] Asphyxiation
- [ ] Bite *(Animal or Insect)*
- [ ] Bite *(Human)*
- [ ] Burn *(Chemical)*
- [ ] Burn *(Heat)*
- [ ] Concussion
- [ ] Dislocation
- [ ] Electrical Shock
- [ ] Fracture
- [ ] Laceration
- [ ] Poisoning
- [ ] Puncture
- [ ] Repetitive Motion
- [ ] Sprain/Strain
- [ ] Other *(describe)*: _____

Body Part(s) Affected

- [ ] Abdomen
- [ ] Ankle
- [ ] Arm
- [ ] Back
- [ ] Chest
- [ ] Ear
- [ ] Eye
- [ ] Face
- [ ] Finger
- [ ] Foot
- [ ] Hand
- [ ] Head
- [ ] Leg
- [ ] Mouth
- [ ] Tooth
- [ ] Wrist
- [ ] Other *(describe)*: _____

Immediate Action Taken

- [ ] None
- [ ] First Aid provided Given by: _____
- [ ] Medical Ambulance called:

  Time of Call: _____ By: _____
- [ ] School Nurse notified

  Time of Call: _____ By: _____
- [ ] Parent/Guardian notified

  Time of Call: _____ By: _____

Parent or Guardian

Parent/Guardian Name

Cell Phone | *Home Phone* | *Work Phone*

Injured Person Released to

☐ Self ☐ Home ☐ Class ☐ Physician ☐ Hospital

☐ Other: _____

Time Released: _____ ☐ AM ☐ PM

Notes

Report Completed by

Name | *Date*

Title | *Phone Number*

Reset Form

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