

INCIDENT REPORT FORM

NORTH CLACKAMAS SCHOOL DISTRICT NO. 12

A reportable incident occurs when a student or other nonemployee is under school jurisdiction and sustains bodily injury that may require first-aid treatment or professional medical attention.

OFFICE USE

1. School or Unit Name, Number _____ Date Reported _____

2. Name of Injured _____ Grade _____ Age _____ Sex _____

3. Address _____ Zip Code _____

4. Parent or Guardian Name _____ Home Phone _____ Bus. Phone _____

5. Date of Incident _____ Day of Week _____ Time of Incident _____

6. Where did incident happen? _____

7. Name of person(s) Supervising _____

8. If on School Bus: Bus no. _____ Name of Bus Driver _____

9. How did incident happen? (Describe fully, stating who did what to whom or to self, etc.) _____

10. Description and extent of injury, and part of body involved (left or right arm, knee, leg etc.) _____

OFFICE USE

11. Procedure followed and/or first aid rendered _____

12. Who administered first aid (name and title)? _____

13. Name(s) of other(s) involved in incident _____

14. What equipment, tool, object, or circumstances caused incident? _____

15. Name(s), Address(es), of witness(es) _____

16. Names of Parents or others notified _____

17. Was the student school insurance form requested? No _____ Yes _____ Date Sent _____

Signature of Person Completing Report _____ Title _____

Signature of Principal _____ Date _____

White Copy - Risk Management - 961
Canary Copy - Risk Management - 961
Pink Copy - School
Gold Copy - School
RM (3-11)