BARKER CENTRAL SCHOOL INCIDENT REPORT

Directions: Use this form to report all incidents occurring to students and other individuals on or about school premises or school-sponsored affairs.

LAST NAME OF INJURED	FIRST NAME	SEX	AGE	GRADE	DATE OF INCIDENT	TIME	AM/PM
		Other					AM

STATUS : (Please Check One) ☐ Student ☐ Parent/Guardian ☐ Visitor ☐ Substitute ☐ School Board Member

Please place a checkmark in the box for all applicable numbers in each column

NATURE OF INJURY	SPECIFIC ACTIVITY	ACCIDENT AGENT
☐ 1. Abrasion	☐ 1. Attending Class	☐ 1. Animal/Insect
☐ 2. Amputated	☐ 2. Attending Meeting	☐ 2. Automobile
☐ 3. Asphyxiated	☐ 3. Baseball	☐ 3. Ball/Bat
☐ 4. Bite	☐ 4. Basketball	☐ 4. Books
☐ 5. Bruise	☐ 5. Carrying	☐ 5. Chair
☐ 6. Bumped	☐ 6. Climbing	☐ 6. Cinders/Stones
☐ 7. Burn	☐ 7. Cooking	☐ 7. Curb
☐ 8. Choked	☐ 8. Cutting	☐ 8. Door
☐ 9. Contusion	☐ 9. Dancing	☐ 9. Electric
☐ 10. Cut	☐ 10. Driving	☐ 10. Fence
☐ 11. Possible Dislocation	☐ 11. Eating	☐ 11. Fire
☐ 12. Epistaxis	☐ 12. Field Hockey	☐ 12. Floor
☐ 13. Faint	☐ 13. Field Trip	☐ 13. Furniture
☐ 14. Possible Fracture	☐ 14. Fighting	☐ 14. Glass
☐ 15. Hit	☐ 15. Football	☐ 15. Hand Tools
☐ 16. Infected	☐ 16. Hockey	☐ 16. Hockey Stick/Puck
☐ 17. Inflamed/Swollen	☐ 17. Horseplay	☐ 17. Lab Chemicals
☐ 18. Irritated	☐ 18. Lifting Object	☐ 18. Laser Pen
☐ 19. Kicked	☐ 19. On School Bus	☐ 19. Locker
☐ 20. Lacerated	☐ 20. Playtime	☐ 20. Other Person
☐ 21. Nosebleed	☐ 21. Running	☐ 21. Other School Vehicle
☐ 22. Overexerted	☐ 22. Sitting	☐ 22. Pencil/Pen
☐ 23. Poisoned	☐ 23. Soccer	☐ 23. Phys. Ed. Equipment
☐ 24. Poked	☐ 24. Softball	☐ 24. Playground Equipment
☐ 25. Punched	☐ 25. Spectator	☐ 25. Power Machinery
☐ 26. Punctured	☐ 26. Swimming	☐ 26. Rubber band
☐ 27. Pushed	☐ 27. Track/Field	☐ 27. School Bus
☐ 28. Scratched	☐ 28. Tumbling	☐ 28. Scissors
☐ 29. Shock/Trauma	☐ 29. Volleyball	☐ 29. Self-Inflicted
☐ 30. Slapped	☐ 30. Walking	☐ 30. Sharp Object
☐ 31. Sprained/Strained	☐ 31. Welding	☐ 31. Sidewalk
☐ 32. Stabbed	☐ 32. Working	☐ 32. Stairs/Railing
☐ 33. Tripped	☐ 33. Wrestling	☐ 33. Stove
☐ 34. No Injury	☐ 34. Other: (please describe below)	☐ 34. Trees/Bushes
☐ 35. Unspecified Injury		☐ 35. Wall
☐ 36. Other: (please describe below)		☐ 36. Window
		☐ 37. Other: (please describe below)

BODY PART INJURED	LOCATION		Please Select Yes or No
☐ 1. Abdomen	☐ 1. Admin Area	N/A	1. Treatment given in school?
☐ 2. Right Ankle	☐ 2. Arts & Crafts	N/A	2. Ambulance?
☐ 3. Left Ankle	☐ 3. Athletic Field	N/A	3. Parent/Guardian contacted?
☐ 4. Right Arm	☐ 4. Auditorium	N/A	4. Student excused?
☐ 5. Left Arm	☐ 5. Bathroom	N/A	5. Physician used?
☐ 6. Back, including back muscles	☐ 6. Boiler Room	N/A	6. Refused medical treatment?
☐ 7. Chest, including internal organ	☐ 7. Cafeteria	N/A	7. Was vehicle involved?
☐ 8. Chin	☐ 8. Cafetorium		
☐ 9. Right Ear	☐ 9. Classroom		
☐ 10. Left Ear	☐ 10. Corridor		
☐ 11. Right Elbow	☐ 11. Gymnasium		
☐ 12. Left Elbow	☐ 12. Home Economics		
☐ 13. Right Eye	☐ 13. Kitchen		
☐ 14. Left Eye	☐ 14. Locker Room		
☐ 15. Face	☐ 15. Off School Grounds		
☐ 16. Right Finger	☐ 16. Offices		
☐ 17. Left Finger	☐ 17. Parking Lot		
☐ 18. Right Foot	☐ 18. Play Ground		
☐ 19. Left Foot	☐ 19. Pool		
☐ 20. Groin	☐ 20. Roof		
☐ 21. Right Hand	☐ 21. Science Lab		
☐ 22. Left Hand	☐ 22. School Bus – Please provide Bus #		
☐ 23. Head	☐ 23. School Yard		
☐ 24. Heart	☐ 24. Shop		
☐ 25. Right Hip	☐ 25. Shower		
☐ 26. Left Hip	☐ 26. Sidewalk		
☐ 27. Right Knee	☐ 27. Stairs		
☐ 28. Left Knee	☐ 28. Street		
☐ 29. Right Leg	☐ 29. Other: (please describe below)		
☐ 30. Left Leg			
☐ 31. Lung			
☐ 32. Neck			
☐ 33. Nose			
☐ 34. Ribs/Trunk			
☐ 35. Right Shoulder			
☐ 36. Left Shoulder			
☐ 37. Teeth/Mouth/Jaw			
☐ 38. Toe			
☐ 39. Right Wrist			
☐ 40. Left Wrist			
☐ 41. Other: (please describe below)			

Narrative Description of the Incident:

Describe First Aid/Care rendered:

First Aid/Care rendered by:

Name of Physician:

Hospital Address:

Telephone:

Witness Information (please list names of witnesses):

Student Accident Only

Name of teacher/staff:

Signature of teacher/staff: Please type Full Name in box below in lieu of signature to confirm this to be a true and accurate account of this incident.

Was teacher/staff present when accident occurred? Please select Yes or No:

Form completed by:

Date:

Signature of Administrator:

Date: