NORTH HARRISON COMMUNITY SCHOOL CORPORATION INCIDENT REPORT 5/01

Name of School		
Name of Person Injured	**Date of Incident**	**Time of Incident** AM PM
Home Address	**Age**	**Sex** Male Female
City, State	**Grade or Position**	

Zip Code	**Status** Employee Student Visitor Trespasser Other: ________________

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?)

Witness Name 1	**Address**	**Telephone Number**
Witness Name 2	**Address**	**Telephone Number**
Witness Name 3	**Address**	**Telephone Number**

Location		**Type of Injury**		**Body Part(s) Affected**	
ð Athletic Field	ð Office	ð Abrasion	ð Electrical Shock	ð Abdomen	ð Ear
ð Bus	ð Playground	ð Amputation	ð Laceration	ð Back	ð Eye
ð Bus Stop	ð Restroom	ð Asphyxiation	ð Fracture	ð Chest	ð Foot
ð Cafeteria	ð Sidewalk	ð Bite animal or insect	ð Poisoning	ð Face	ð Hand
ð Classroom	ð Stairs inside	ð Bite human	ð Puncture	ð Head	ð Leg
ð Gymnasium	ð Stairs outside	ð Burn chemical	ð Sprain/Strain	ð Mouth	ð Wrist
ð Hallway	ð Stage	ð Burn heat	ð Dislocation	ð Tooth	ð Arm
ð Laboratory	ð Nurse's office	ð Bruise	ð Fall	**Check if applicable:**	ð Knee
ð Locker Room	ð Kitchen	ð Other ________	ð Medication	ð **Right** ð **Left**	ð Shoulder
ð Maintenance Area	ð Off-Premises	________	ð Head Injury	ð **See diagram on back of this report.**	ð Elbow
ð Other ________		________		ð Other: ________	ð Hip
________		________		________	ð Ankle
________		________			ð Finger

Immediate Action Taken

ð **First Aid Provided:**			ð **None**
ð Additional Notes On Back Of This Report.	First Aid Given by:		
ð Ambulance Called.	Time of Call:	ð AM ð PM	Called By:
ð School Nurse Notified.	Time of Call:	ð AM ð PM	Called By:
ð Parent/Guardian Notified.	Time of Call:	ð AM ð PM	Called By:
ð Name of Parent/Guardian Notified:			Telephone Number:
ð Injured Person Released To: ð Self ð Home ð Class ð Physician ð Hospital ð Other: ________________			
ð Time Injured Person Released:	ð AM ð PM		
ð Date School Employee Incident Report Faxed To Central Office:			Supervisor Signature:

Report Completed By:	Title:
Home Telephone Number:	Date Report Completed:

NOTE: This report is for record purposes only and does not constitute the admission of liability on the part of the school system or any employee thereof.

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Circle areas of injury and describe color, depth and size when able. Document all areas of injuries.

Provide Date/Time of Notes

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Signature of person writing notes: ________________________________ **Date:** _________