

Roseau Community Schools Incident Report

Name of Student _____ Age _____ Grade _____

Date _____ Time _____ Location _____

Incident Description (Describe clearly what took place, include the materials, equipment, and persons involved.)

Nature of Injury (Describe in measurable or objective terms.)

Treatment at School

Responsible Adult Notified _____

Parent / Guardian _____ Phone _____

Address _____

Student was:

1. Sent back to class 2. Sent home
 3. Referred to clinic Emergency room Transported for treatment by _____
 4. Hospitalized 5. Transferred to another facility
6. Returned to school date _____ Wearing a cast Sling Dressing Other
7. Follow up plans

Supervisor _____ Was he/she a witness? Yes No

Other witnesses _____

Statement by supervisor:

Reported by (name) _____ Title _____ Date _____

Administrator _____ Title _____ Date _____