

Health Incident Report Form

School _____

Teacher/Sponsor _____

Injured Name _____

Student _____ Employee _____ Visitor _____

Male / Female Grade Level _____ Age _____ Date & Approx. Time _____

Describe the Incident: (Who, what, when, where, how, etc.)

Nature of Injury?

Circle location of injury:

ANKLE / FOOT / KNEE / LEG / BACK / FINGER / HAND / WRIST / ARM / FACE / HEAD / NOSE / TOOTH

Did the incident occur while the student was under supervision? Yes / No

TREATMENT OF STUDENT/EMPLOYEE:

What first-aid treatment was given?

WASHED AREA COVERED AREA ICE PACK ELEVATED WRAPPED

Treatment by whom? _____

Were parents/ an emergency contact notified? Yes _____ No _____ By whom? _____

Was student/employee sent home? Yes _____ No _____ Was a Dr. notified? Yes__ No__

Was injured student/employee sent to hospital? Yes _____ No _____

Was student/employee transported by ambulance? Yes _____ No _____

Name of Witnesses to incident: (attach their statement) _____

Recommended action to prevent recurrence:

