**STUDENT INCIDENT REPORT FORM**

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| **INDIVIDUAL FILING REPORT** |

**Full Name**: [FULL NAME] **Title/Role**: [TITLE/ROLE]

**Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) **Date**: [DATE]

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| **STUDENTS INVOLVED** |

1. **Full Name**: [FULL NAME] **Date of Birth**: [DATE]

**Student ID No.**: [STUDENT NUMBER] **Home Phone**: [HOME PHONE NUMBER]

1. **Full Name**: [FULL NAME] **Date of Birth**: [DATE]

**Student ID No.**: [STUDENT NUMBER] **Home Phone**: [HOME PHONE NUMBER]

1. **Full Name**: [FULL NAME] **Date of Birth**: [DATE]

**Student ID No.**: [STUDENT NUMBER] **Home Phone**: [HOME PHONE NUMBER]

1. **Full Name**: [FULL NAME] **Date of Birth**: [DATE]

**Student ID No.**: [STUDENT NUMBER] **Home Phone**: [HOME PHONE NUMBER]

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| **INCIDENT DETAILS** |

**School Name**: [SCHOOL NAME]

**Date of Incident**: [DATE OF INCIDENT] **Time**: [TIME] [ ]  AM [ ]  PM

**Location**: [LOCATION]

**Describe the incident**: [DESCRIBE THE INCIDENT]

**Describe the actions taken in response:** [DESCRIBE ACTIONS TAKEN]

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| **PARTIES WHO WERE NOTIFIED**  |

**Specify who was notified of the incident**:

[ ]  **Parent/Guardian**: [NAME] **Date and Time**: [DATE AND TIME]

[ ]  **Hospital/EMT**: [NAME] **Date and Time**: [DATE AND TIME]

[ ]  **School Admin.**: [NAME] **Date and Time**: [DATE AND TIME]

[ ]  **Law Enforcement**: [NAME] **Date and Time**: [DATE AND TIME]

* + - **If law enforcement was contacted, was a report filed?** [ ]  Yes [ ]  No

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| **INJURIES / MEDICAL SERVICES** |

**Was anyone injured?** [ ]  Yes [ ]  No

**If yes, describe the injuries**: [INJURY DESCRIPTION]

**Was medical treatment provided?** [ ]  Yes [ ]  No [ ]  Refused

**If yes, where was medical treatment provided?**

[ ]  On site [ ]  Hospital [ ]  Other: [OTHER]

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| **STUDENT SCREENING** |

**Did the student appear intoxicated?** [ ]  Yes [ ]  No **If yes, please answer the following**:

1. **Was the student carrying any medications?** [ ]  Yes [ ]  No
2. **Was the student asked if they were on any medications?** [ ]  Yes [ ]  No
3. **Did the student have any signs of physical injury?** [ ]  Yes [ ]  No
4. **Was the student out of control or physically violent to self or others?** [ ]  Yes [ ]  No
5. **Was a breathalyzer administered?**  [ ]  Yes [ ]  No
	* + **If yes, record the results**:[RESULTS]

**Additional observed health concerns**: [OTHER HEALTH CONCERNS DETECTED]

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| **OFFICE USE ONLY** |

**Report received by**: [FULL NAME]

**Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) **Date**: [DATE]

**Follow-up action taken**: [FOLLOW-UP ACTION TAKEN]