

# STUDENT INCIDENT REPORT FORM

## INDIVIDUAL FILING REPORT

Full Name: \_\_\_\_\_ Title/Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENTS INVOLVED

- |                       |                      |
|-----------------------|----------------------|
| 1. Full Name: _____   | Date of Birth: _____ |
| Student ID No.: _____ | Home Phone: _____    |
| 2. Full Name: _____   | Date of Birth: _____ |
| Student ID No.: _____ | Home Phone: _____    |
| 3. Full Name: _____   | Date of Birth: _____ |
| Student ID No.: _____ | Home Phone: _____    |
| 4. Full Name: _____   | Date of Birth: _____ |
| Student ID No.: _____ | Home Phone: _____    |

## INCIDENT DETAILS

School Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM

Location: \_\_\_\_\_

Describe the incident:

Describe the actions taken in response:

### PARTIES WHO WERE NOTIFIED

Specify who was notified of the incident:

- ☐ Parent/Guardian: \_\_\_\_\_ Date and Time: \_\_\_\_\_
- ☐ Hospital/EMT: \_\_\_\_\_ Date and Time: \_\_\_\_\_
- ☐ School Admin.: \_\_\_\_\_ Date and Time: \_\_\_\_\_
- ☐ Law Enforcement: \_\_\_\_\_ Date and Time: \_\_\_\_\_
- If law enforcement was contacted, was a report filed? ☐ Yes ☐ No

### INJURIES / MEDICAL SERVICES

Was anyone injured? ☐ Yes ☐ No

If yes, describe the injuries:

Was medical treatment provided? ☐ Yes ☐ No ☐ Refused

If yes, where was medical treatment provided?

☐ On site ☐ Hospital ☐ Other: \_\_\_\_\_

### 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: \_\_\_\_\_

Additional observed health concerns: \_\_\_\_\_

### OFFICE USE ONLY

Report received by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up action taken: