

North Coast Schools' Insurance Group STANDARD STUDENT INCIDENT REPORT

Report **ALL** incidents to Students while under school jurisdiction occurring anywhere.

1. Name: _____ Home Address: _____

2. School: _____ Sex: M F Age: _____ Grade or Classification: _____

3. Time accident occurred: Hour ____ A.M. ____ P.M. ____ Date: _____

4. Place of Accident: School Building School Grounds Elsewhere _____
Specify

APPARENT NATURE OF INJURY	Abrasion _____ Fracture _____	<div style="text-align: center;">DESCRIPTION OF INCIDENT</div> <p>How did the incident happen? What was the student doing? List specifically unsafe act. Specify any tool, machine or equipment involved.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
	Amputation _____ Laceration _____	
Asphyxiation _____ Poisoning _____		
Bite _____ Puncture _____		
Bruise _____ Scalds _____		
Burn _____ Scratches _____		
Concussion _____ Shock _____		
Cut _____ Sprain _____		
Dislocation _____		
Other (specify) _____		

PART OF THE BODY INJURED	Abdomen _____ Foot _____	
	Ankle _____ Hand _____	
Arm _____ Head _____		
Back _____ Knee _____		
Chest _____ Leg _____		
Ear _____ Mouth _____		
Elbow _____ Nose _____		
Eye _____ Scalp _____		
Face _____ Tooth _____		
Finger _____ Wrist _____		
Other (specify) _____		

LOCATION	Specify Location		
	Athletic Field _____	Gymnasium _____	_____ shop _____
	Auditorium _____	Home Econ. _____	Showers _____
	Cafeteria _____	Laboratories _____	Stairs _____
	Classroom _____	Locker _____	Rest rooms _____
	Corridor _____	Pool _____	Other (specify) _____
	Dressing Room _____	Grounds _____	_____
	REMARKS: _____		

8. Witness 1. Name: _____ Address: _____
to accident 2. Name: _____ Address: _____

9. Teacher in charge when accident occurred (Enter Name): _____

IMMEDIATE ACTION TAKEN	First-aid treatment _____ By (Name): _____
	Sent to school nurse _____ By (Name): _____
	Taken home _____ By (Name): _____
	Sent to physician _____ By (Name): _____ Physician's Name: _____
	Sent to hospital _____ By (Name): _____ Name of hospital: _____

11. Was a parent or other individual notified? No: _____ Yes: _____ When: _____ How: _____

Name of individual notified: _____

By whom? (Enter name): _____

Signed: _____ *Principal* _____ *Teacher in Charge*