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| Lake Station Community School Corporation **Standard Student Incident Report** |  |

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| Name of School: | | Click here to enter text. | | Date of Accident: | | Click the arrow to choose a date. | | |
| Name of Injured Party: | | Click here to enter text. | | Time of Accident: | | Click here to enter text. | | |
| Home Address: | Click here to enter full address – include street address, city, state, zip code. | | | | | | | |
| Phone Number: | Click here to enter text. | | Date of Birth: | | Click here to enter text. | | Age: | Click to select. |
| Status: Click to choose an item. (If other was selected – please click here to explain.) | | | | | | | Gender: | Click to select. |

*Updated October 2014*

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| **Description of Accident:** *How did the accident happen? What was the injured person doing? What tool, machine, or equipment was involved? What teacher, supervisor or administrator was responsible for the area?* | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
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| **Location** | | | | | **Type of Injury** | | | **Body Part(s) Affected** | |
| Click to choose a location. | | | | | Click to choose an injury. | | | Click to choose a body part. | |
| Choose another if needed. | | | | | Choose another injury if needed. | | | Choose another if needed. | |
| Choose another if needed. | | | | | Choose another injury if needed. | | | Choose another if needed. | |
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| **Immediate Action Taken** | | | | | | | | | |
| None | | | | | | | | | |
| First Aid Provided | | | | Name of Person Providing First Aid: Click here to enter text. | | | | | |
| Medical Ambulance Called | | | | Name of Caller:Click here to enter text. | | | | Time of Call:Click here to enter text. | |
| School Nurse Notified | | | | Name of Caller:Click here to enter text. | | | | Time of Call:Click here to enter text. | |
| Parent/Guardian Notified Name of Caller: Click here to enter text.  Time of Call: Click here to enter text. Name of Parent/Guardian: Click here to enter text.  Parent/Guardian Phone Number: Click here to enter text. | | | | | | | Injured Person Released to:  Choose an item. | | |
|  | | | | | | | | | |
|  | **Witness Name** | | **Address** | | | | | | **Phone Number** |
| 1. | Click here to enter text. | | Click to enter full address (street address, city, state, zip code.) | | | | | | Click here to enter text. |
| 2. | Click here to enter text. | | Click to enter full address (street address, city, state, zip code.) | | | | | | Click here to enter text. |
| 3. | Click here to enter text. | | Click to enter full address (street address, city, state, zip code.) | | | | | | Click here to enter text. |
|  | | | | | | | | | |
| Report Completed By: | | Click here to enter text. | | | | Title: | Click here to enter text. | | |
| Date: | | Click the arrow to choose a date. | | | | Phone Number: | Click here to enter text. | | |

*Note: This report is for record purposes only and does not constitute the admission of liability on the part of the school system or any employee thereof.*