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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. |
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|  | **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. |
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| 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.*