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| **Student or Visitor?** | | | | | | | | Student  Visitor | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School/Location Name:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Date of Report:** | | |  | | | | | | | | | | | | **Date of Incident:** | | | |  | | | | | **Time of Incident:** | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Student Name:** | | | |  | | | | | | | | | | | | | | | | | | | **Student SSN:** | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender:** | |  | | | | | | | | | | | **Date of Birth:** | | | | |  | | | | | | | **Grade:** | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Guardian Name:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home Address:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Apt:** |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City:** |  | | | | | | | | | | | | | | | | | | | | | **State:** | | |  | | | | **Zip:** | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home Telephone Number:** | | | | | | | | |  | | | | | | | | | | | **Emergency Contact Number:** | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Location Where Incident Occurred:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Injury or Illness?** | | | | | | | Injury  Illness | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Body Part(s) Injured:** | | | | | |  | | | | | | | | | | | **Injury Type(s):** | | | |  | | | | | **Illness:** | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Give a clear description of the incident and how it occurred:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Witness Information – Name/Contact Number (leave blank if no witness):** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Check Appropriate Action Required:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | No Treatment Needed | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | First Aid | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Primary Care Doctor | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Ambulance Required | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Emergency Room (parent/guardian transport) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Guardian Contacted:** | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Response of Parent/Guardian:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Did this incident occur during athletic sports?** | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If Yes, please select the sport:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Report Prepared by:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reporting Location Comments:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

In the event that a student or visitor is injured while on school and/or SCS property, this form should be completed and submitted to the main office for entry into the online Student or Visitor Incident Reporting system.

Accident reports should be as detailed as possible. If a student or visitor is injured due to a health or safety issue, details regarding the hazard **MUST** be included. It is Risk Management’s goal to correct any health or safety hazards as quickly as possible to avoid future accidents, thereby providing a safe learning & work environment.

**TEACHERS: This form should be submitted to the main office for entry into the online Student or Visitor Incident Reporting System.**