Riverside Brookfield High School, District 208

Please PRINT clearly.

Incident Date: _____ / _____ / _____ Time: ____ a.m. p.m. Report Date: _____ / _____ / _____

Report completed by: _____ Position: _____

A. PERSON INVOLVED

Name: _____
Last First Initial

Grade: _____ Age: _____ Gender: M / F

Student ___ Staff ___ Other (*specify*):_____

B. LOCATION OF INCIDENT

- ☐ Athletic Field
- ☐ Cafeteria
- ☐ Classroom # ____
- ☐ Gymnasium
- ☐ Hallway
- ☐ Parking Area
- ☐ Shop / Auto
- ☐ Shop / Woods
- ☐ Stairs
- ☐ Swimming Pool
- ☐ Walkway, Outdoor
- ☐ Other *(specify):*

_____

C. ACTIVITY INVOLVED IN INCIDENT

- ☐ Athletics
- ☐ Classroom
- ☐ Lunch / Cafeteria
- ☐ Physical Education
- ☐ Transportation / Trip
- ☐ Other *(specify):*

_____

D. APPARENT NATURE OF INJURY

- ☐ Abrasion
- ☐ Avulsion
- ☐ Bruise / Bump
- ☐ Burn
- ☐ Cut / Laceration
- ☐ Dislocation
- ☐ Fracture
- ☐ Head Injury
- ☐ Poisoning
- ☐ Puncture
- ☐ Shock (electrical)
- ☐ Slip / Fall
- ☐ Sprain
- ☐ Strain
- ☐ Sting
- ☐ Other *(specify)*

_____

E. PART OF BODY INJURED

- ☐ Abdomen
- ☐ Ankle
- ☐ Arm
- ☐ Back
- ☐ Chest
- ☐ Ear
- ☐ Elbow
- ☐ Eye
- ☐ Face
- ☐ Finger
- ☐ Foot
- ☐ Hand
- ☐ Head
- ☐ Hip
- ☐ Knee
- ☐ Leg
- ☐ Neck
- ☐ Shoulder
- ☐ Teeth
- ☐ Wrist
- ☐ Other *(specify)*

_____

F. IMMEDIATE ACTION TAKEN BY

Name: _____

- ☐ First Aid
- ☐ Sent to Coach
- ☐ Sent to Teacher
- ☐ Sent to Nurse
- ☐ Sent to Athletic Trainer
- ☐ Sent Home
- ☐ Sent to Doctor
  - Name:
- ☐ Sent to hospital
  - Hospital Name:
- ☐ Transported
  - By what means?

G. PERSON NOTIFIED

☐ Parent ☐ Guardian ☐ Supervisor ☐ Other

If "Other," specify: _____

Name of person notified: _____

Notified by whom: _____

By what means:_____

Notified how long after injury: _____

H. WITNESSES

(Additional witness information may be attached.)

_____Staff/Student/Other Name

_____Staff/Student/Other Name

If "Other," specify:_____

First Staff Member at Accident Scene:

_____

I. DESCRIPTION OF INCIDENT

How did incident happen? What was person doing? Additional information may be attached.

Signature: _____ Date: _____