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| Scranton Public Schools | | | | | | | | | | | | |
| Incident Report | | | | | | | | | | | | |
|  | | | | | | |  | | | | | |
| Reports must be submitted to the Business Office, Administration Building within 24 hours of the time of incident | | | | | | | | | | | | |
|  | | | | | | |  | | | | | |
|  | | | | | | |  | | | | | |
| Student Name: | | |  | | | | | | | | |  |
| School: |  | | | | | | | | | | |  |
| Home Address: | | |  | | | | | | | | |  |
| Home Phone: | |  | | | | | | | | | |  |
| Date of Injury: | | |  | | | | Time of Injury: | | |  | |  |
|  | | | | | |  |  | | | |  | |
| Place of Accident: | | | |  | School Building | | |  | School Grounds | | | |
|  | | | |  |  | | |  |  | | | |
|  | | | |  | To or From School | | |  | Home | | | |
|  | | | |  |  | | |  |  | | | |
|  | | | |  | Elsewhere | | |  |  | | | |
|  | | | |  |  | | |  |  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nature & Condition of Injury: | | | | | | Part(s) of the Body Injured: | | | | | | | |
|  |  | Abrasion |  | Amputation |  |  |  | Abdomen |  | Mouth |  | Hip |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Asphyxiation |  | Bite |  |  |  | Arm |  | Scalp |  | Neck |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Bruise |  | Burn |  |  |  | Chest |  | Wrist |  | Other |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Concussion |  | Cut |  |  |  | Elbow |  | Tooth |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Dislocation |  | Laceration |  |  |  | Face |  | Ankle |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Poisoning |  | Puncture |  |  |  | Foot |  | Back |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Scalds |  | Scratches |  |  |  | Head |  | Ear |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Shock |  | Sprain |  |  |  | Leg |  | Eye |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Other (specify) |  |  |  |  |  | Nose |  | Finger |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Hand |  | Knee |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| **Description of the Accident (**How did the accident happen? What was the person doing? List specifically safe/unsafe conditions existing. Specify any tool, machine, or equipment involved as well as the degree of | | | |
| injury.) | |  |  |
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| Total number of days lost from school (completed up student return): | | |  | | |  |
| Person completing form: | |  | | Date: |  |  |
| Principal Signature: |  | | | Date: |  |  |
|  | |  | |  |  |  |

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|  | | | | |  | | | |  |
| Teacher/other Adult in charge when accident occurred: | | | | |  | | | |  |
|  |  | |  |  | |  |  |  |  |
| Present at scene of accident: |  | |  | YES | |  | NO |  |  |
|  | |  | | | | | | |  |
| If yes, name of person in charge: | |  | | | | | | |  |
|  | | | | |  | | | |  |

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| **IMMEDIATE ACTION TAKEN:** | | | | | | | | | | | | | |
|  |  |  | |  |  |  |  | | | | |  |  |
|  |  | First Aid treatment | |  |  |  | Sent to physician | | | | |  |  |
|  |  | by (name): |  | |  |  | by (name): |  | | | | |  |
|  |  | Sent to school nurse | |  |  |  | Physician Name: | | |  | | |  |
|  |  | by (name): |  | |  |  | Sent to hospital: | |  | | | |  |
|  |  | Sent home: | |  |  |  | by (name): |  | | | | |  |
|  |  | by (name): |  | |  |  | Name of hospital: | | | |  | |  |
|  |  |  |  | |  |  |  |  | | | | |  |

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| Was a parent of other individual notified? | | |  | YES |  | NO |  |  |
| Name of individual notified: | |  | | | | | |  |
| By Whom? (name): |  | | | | | | |  |
|  |  | | | | | | |  |

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| --- | --- | --- | --- |
|  | | | |
| Witnesses: | | | |
| 1. Name and Address |  | |  |
| 1. Name and Address |  | |  |
| 1. Name and Address |  | |  |
|  | |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Location: | | | | | | | |
|  |  | Athletic Field |  |  | Laboratories | |  |
|  |  |  |  |  |  | |  |
|  |  | Auditorium |  |  | Locker | |  |
|  |  |  |  |  |  | |  |
|  |  | Cafeteria |  |  | Pool | |  |
|  |  |  |  |  |  | |  |
|  |  | Classroom |  |  | School Grounds | |  |
|  |  |  |  |  |  | |  |
|  |  | Gymnasium |  |  | Industrial Arts | |  |
|  |  |  |  |  |  | |  |
|  |  | Family & Consumer Science |  |  | Other: |  |  |
|  |  |  |  |  |  |  |  |

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|  | | | |  | | | |  | | |
| FOR OFFICIAL USE ONLY | | | | | | | | | | |
| Date Notified of Injury: | |  | | | | | | | |  |
| Corrective Action Taken: | | |  | | | | | | |  |
|  |  | | | | | | | | |  |
|  |  | | | | | | | | |  |
| Additional Recommended Action (if any): | | | | |  | | | | |  |
|  |  | | | | | | | | |  |
|  |  | | | | | | | | |  |
| Supervisor’s Signature: | |  | | | | Date Completed: |  | | |  |
|  | |  | | | |  | | |  |  |

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