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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 |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| 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: |  |  |
|  |  |  |  |  |

Revised 04/2016

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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
 |  |  |
|  |  |  |

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| 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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