

CHAUTAUQUA LAKE CENTRAL SCHOOL

Mayville, New York 14757

STUDENT INCIDENT REPORT

To be filled out at the time of the incident by the person supervising the student

Student Name: _____ Age: _____ Sex: _____ Grade: _____ DOB: _____

Parent/Guardian: _____ Phone: _____

Address: _____ Physician: _____

Date/Place/Time of Incident: _____ / _____ / _____ A.M./P.M.

(Date)

(Place)

(Time)

Abrasion _____	Head Injury _____	Abdomen _____	Eye _____	Knee _____
Bruise/Bump _____	Fracture _____	Ankle _____	Face _____	Leg _____
Burn _____	Sprain _____	Arm _____	Finger _____	Teeth _____
Cut _____	Eye Injury _____	Back _____	Foot _____	Wrist _____
Convulsion _____	Puncture _____	Chest _____	Hand _____	Nose _____
Fight _____		Elbow _____	Head _____	
Other _____		Other _____		
Sport: _____ (Please note left, right or both)				

How Did Incident Happen? (Brief & Factual): _____

Witness: _____

Describe First Aid Given: _____

Other Comments: _____

Who was notified? _____ Time: _____ By Phone _____ In Person _____

(Specific Name)

Name of Physician or Hospital Notified: _____

Date of this Report

(Signature of Person Reporting Incident)

Promptly forward this completed form to the school health office.

Follow-up (School Nurse): _____

Date of follow-up

(Signature of School Nurse)