

STUDENT INCIDENT REPORT

Please fully complete the form including codes.
Refer to reverse side of form for appropriate codes.

School District/BOCES	CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Name _____		
Student Name	Last Name	<input style="width:100%;" type="text"/>				First Name	<input style="width:100%;" type="text"/>		
							alleged Incident Date	Time	
							<input type="text"/>	<input type="text"/>	
Home Address/Telephone _____							D.O.B / /		
							<input type="text"/>	<input type="text"/>	
Building Location	CODE	<input style="width:100%;" type="text"/>				Description of Location	<input style="width:100%;" type="text"/>		
							Grade	<input type="text"/>	

<h2 style="margin:0;">ALLEGED INCIDENT INFORMATION</h2> <p>Reported By _____ Date _____ Time _____</p> <p>Describe Where Within Building/Location Alleged Incident Occurred and How: _____ _____ _____</p> <p>BOCES Activities/Class: <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>Person Supervising Student _____</p> <p>Please Describe Alleged Injury (<i>Include part of body</i>): _____ _____ _____</p> <p>Name/Address/Telephone of any Witnesses. (<i>Please indicate if none</i>) _____ _____</p> <p>Was first aid rendered? <input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, by whom/date/time _____</p> <p>Did student remain in school remainder of day/activity? <input type="checkbox"/> Yes or <input type="checkbox"/> No Describe first aid _____</p> <p>Did student receive medical attention by a physician or hospital? <input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, describe medical attention. If unknown, please state. _____ _____</p> <p>Name/Address/Telephone # of physician or hospital _____</p>	<p style="text-align:center; font-size: small;">SEE REVERSE SIDE FOR APPROPRIATE CODES</p> <p>ACTIVITY <input style="width:100%;" type="text"/></p> <p>INJURY/DAMAGE <input style="width:100%;" type="text"/></p> <p>PART OF BODY <input style="width:100%;" type="text"/></p>
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<h2 style="margin:0;">EMERGENCY CONTACT INFORMATION</h2>	
Person Contacted/Relationship _____	
Address _____	Telephone _____
Contacted by _____	Date _____ Time _____
If Emergency Contact Was Not Contacted, Please State Reason _____	

Completed by Name: _____	Date: _____	Title: _____
Reviewed by Name: _____	Date: _____	Title: _____