

**KALISPELL PUBLIC SCHOOLS**

**INCIDENT REPORT FORM**

**TODAY'S DATE:** \_\_\_\_\_ **DATE OF INCIDENT (if not today):** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **GENDER:**  Male  Female

**ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**EMPLOYEE NAME (completing form):** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **LOCATION OF INCIDENT:** \_\_\_\_\_

**WITNESSES:** \_\_\_\_\_

**TYPE OF INJURY (if there was an injury):** \_\_\_\_\_

**SEVERITY:**  MILD  MODERATE  SEVERE

**DESCRIPTION OF INCIDENT (Please Be Specific):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MISCELLANEOUS INFORMATION: (Condition of premises, equipment, weather, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

**IMMEDIATE ACTION TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_

**BY WHOM:** \_\_\_\_\_

**VITAL SIGNS (if applicable):** \_\_\_\_\_

**RESPONSIVENESS**

- ALERT
- LETHARGIC
- ORIENTED
- PERRLA

**REFERRED FOR MEDICAL CARE**

- YES  NO

**TRANSPORTED FOR MEDICAL CARE:** TIME: \_\_\_\_\_  AM  PM

- PRIVATE CAR  AMBULANCE

**PHYSICIAN:** \_\_\_\_\_

**MEDICAL FACILITY:** \_\_\_\_\_

**SIGNATURE IS MANDATORY:**

**STAFF/WITNESS COMPLETING:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**SCHOOL NURSE (if attending):** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**BUILDING ADMINISTRATOR:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_