

KALISPELL PUBLIC SCHOOLS
STUDENT INCIDENT REPORT FORM

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

STUDENT NAME: _____ **PARENT NAME:** _____

AGE: _____ **GENDER:** Male Female **GRADE:** _____

ADDRESS: _____ **TELEPHONE:** _____

PARENT NOTIFIED: YES NO **TIME:** _____ AM PM

CONTACTED: YES NO **BY WHOM:** _____

LEFT MESSAGE: YES NO N/A

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:

- FIRST AID TREATMENT SENT TO SCHOOL NURSE TAKEN HOME
 REFERRED TO DOCTOR SENT TO HOSPITAL

BY WHOM: _____

VITAL SIGNS (if applicable): _____

RESPONSIVENESS

- ALERT
 LETHARGIC
 ORIENTED
 PERRLA

REFERRED FOR MEDICAL CARE

- YES NO PER PARENT DISCRETION

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 #** _____