

Loudonville- Perrysville Exempted Village School District
Incident Report

A copy of this form is to be given/sent to the child's parent the day of the incident. The school must also keep a copy in child's cumulative file. To be completed by staff supervisor at the time of incident and personnel giving first aid.

Name of Injured Child:	<input style="width: 95%;" type="text"/>	School:	<input style="width: 95%;" type="text"/>
Age:	<input style="width: 100%;" type="text"/>	Date & Time of Incident:	<input style="width: 100%;" type="text"/>
		Teacher:	<input style="width: 100%;" type="text"/>

Description of Incident

1. Name of staff supervising the child at time of incident.	<input style="width: 95%;" type="text"/>
2. Where on school property did the injury occur?	<input style="width: 95%;" type="text"/>
3. What area of the child's body was injured ?	<input style="width: 95%;" type="text"/>
4. What was the child doing when the incident happened ?	<input style="width: 95%;" type="text"/>
5. Describe the incident.	<input style="width: 95%; height: 30px;" type="text"/>
6. How did the child respond after the incident ?	<input style="width: 95%;" type="text"/>
7. What action did supervising staff take in regards to the incident ?	<input style="width: 95%;" type="text"/>
8. Give name of witnesses to the incident.	<input style="width: 95%; height: 30px;" type="text"/>
Signature: _____	

Description of First Aid:

1. Name of personnel giving first aid.	<input style="width: 95%;" type="text"/>		
2. Describe first aid given.	<input style="width: 95%; height: 30px;" type="text"/>		
3. Phone contact made with	<input style="width: 40%;" type="text"/>	Time:	<input style="width: 15%;" type="text"/>
4. Child left school with	<input style="width: 40%;" type="text"/>	Time:	<input style="width: 15%;" type="text"/>
Signature: _____			Date: <input style="width: 15%;" type="text"/>