

INCIDENT REPORT - Auglaize County Educational Service Center

I. Name of Facility:

Name of Injured Student:

Classroom: _____

Student Name: _____

Address: _____

DOB: _____ Age: _____

C/S/Z: _____

Incident Date: _____ Incident Time: _____

Parent Name: _____

II. Description of Incident

1. Describe the incident. _____

2. Describe the area of the student's body that was injured. _____

3. What was the student doing when the incident happened? _____

4. Where did it happen? _____

5. How did the incident happen and what intervention/prevention do you recommend? _____

6. Give the names of the staff member(s) supervising the student at the time of the incident: _____

7. Give the names of any other witnesses to the incident: _____

8. How did the individual respond after the incident? _____

9. Was first aid given or some other action taken? Yes _____ No _____
If yes, by whom? _____ Describe: _____

III. Signature of Person Completing the Form _____ Date: _____

Signature of Facility Administrator/Supervisor _____ Date: _____

(Original to be given to parent on the day of the incident. Copy for file. Copy for Health Services.)

------(Please detach)-----

PLEASE COMPLETE AND RETURN TO CLASSROOM TEACHER/ESC OFFICE.

IV. Parent Notification

This is to confirm that I received a copy of the incident report dated _____ on _____
(incident date above) (date received).

Parent/Guardian Signature: _____

Name of student involved in incident report: _____

For Office Use Only : Date received by classroom/office _____

This response is to be attached to copy in permanent file.