

Hood River County School District

Code: **EBBB-AR**
Revised/Reviewed: 6/26/02; 2/09/16; 4/15/19
Orig. Code: 4220

Incident Report Form

Hood River County School District Student Incident Report

A reportable student incident is an incident occurring while the student is under school jurisdiction resulting in bodily injury that requires first aid treatment or professional medical attention.

School: _____ Date: _____

Student's Name: _____ Grade: _____ Age: _____ Sex: _____

Address: _____

Parent: _____

Date of Incident: _____ Time: _____ Day of Week: _____

Incident occurred at: _____ Who was supervising? _____

How did incident happen? (Describe fully, stating whether student fell, was pushed, etc.)

Describe injury – extent and part of body involved: _____

Describe procedure followed and first aid rendered: _____

Name and title of person who administered first aid: _____

Were others involved? Yes No State names: _____

What action is being taken to prevent reoccurrence (if applicable)? _____

Names of Witnesses: _____

Were parents or others notified? Yes No

Name of person notified: _____

Did student seek medical attention? Yes No

If yes, send form to human resources department.

Signature of Person Completing Form

Title

Date

Signature of Principal

Date

**Hood River County School District
Adults Incident Report**

A reportable adult incident is an incident occurring while the adult is on district property, in a district vehicle or at a district-sponsored activity resulting in bodily injury that requires first aid treatment or professional medical attention.

School: _____ Date: _____

Adult's Name: _____ Age: _____ Sex: _____

Address: _____

Parent: _____

Date of Incident: _____ Time: _____ Day of Week: _____

Incident occurred at: _____ Who was supervising? _____

How did incident happen? (Describe fully, stating whether student fell, was pushed, etc.)

Describe injury – extent and part of body involved: _____

Describe procedure followed and first aid rendered: _____

Name and title of person who administered first aid: _____

Were others involved? Yes No State names: _____

What action is being taken to prevent recurrence (if applicable)? _____

Names of Witnesses: _____

Were others notified? Yes No Name of person notified: _____

Signature of Person Completing Form

Title

Date

Signature of Administrator

Date