

**Hood River County  
School District**

Code: **EBBB-AR**  
Revised/Reviewed: 6/26/02; 2/09/16  
Orig. Code(s): 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: \_\_\_\_\_

Was school insurance form requested?  Yes  No

Date form was sent: \_\_\_\_\_

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Signature of Person Completing Form

Title

Date

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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 reoccurrence (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