|  |
| --- |
| 1. This report pertains to an incident/accident or situation that requires activating Law Enforcement/Crisis Intervention by calling 911 for an event occurring during regular school hours, school sponsored activities and on buses transporting students and from school and school sponsored activities.
2. Contact the School Health Coordinator immediately regarding an incident/accident or situation that requires activating Law Enforcement/Crisis Intervention or 911 Emergency Service for a student occurrence that requires further attention by a physician, action, evaluation or intervention.
 |

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date/Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Race: \_\_\_\_\_\_ Sex: \_\_\_\_\_\_ Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian notified? \_\_\_\_\_\_ Yes \_\_\_\_\_\_No \_\_\_\_\_\_ Unable to reach parent

Administrator Notified \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Time Emergency Response was requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Transported \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No Transport Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Student has existing medical condition? | Yes | No  |
| Student has health plan? | Yes | No |
| Student requires routine or emergency medication? | Yes | No |

Select action taken: (check the appropriate box)

|  |  |
| --- | --- |
| Parent Present |  |
| Parent denied transport |  |
| Student released to parent |  |
| Parent declined transport against EMS advice |  |
| Parent will meet student at treatment facility |  |

Circle answer for each:

|  |  |  |
| --- | --- | --- |
| Did incident/accident occur while student was supervised? | Yes | No  |
| Did incident/accident occur during a school-sponsored event? | Yes | No |
| Does this student have insurance? | Yes | No |

Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how the incident happened: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describes student’s condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe action taken by school personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You may use the back of this report to further describe the incident/injury)