

**CIRCLEVILLE CITY SCHOOLS
INCIDENT REPORT**

USE INK

SCHOOL _____

PERSON INVOLVED: _____			
	(LAST NAME)	(FIRST NAME)	(M/I) (D.O.B)
STUDENT _____	ADDRESS _____	HOME/WORK PHONE _____	
GRADE _____	PARENT/GUARDIAN NAME _____		
PHONE _____	ADDRESS _____		
	SCHOOL INSURANCE? _____		
VISITOR _____	REASON FOR PRESENCE AT THIS FACILITY _____		
OTHER _____			

LOCATION OF INCIDENT _____	DATE OF INCIDENT _____	TIME OF INCIDENT _____
DESCRIBE EXACTLY WHAT HAPPENED (INCLUDE ACTIVITY OF PERSON INVOLVED) _____		

DESCRIBE NATURE AND LOCATION OF INJURY _____		

WAS FIRST AID ADMINISTERED? YES ___ NO ___		
IF YES, EXPLAIN _____		

BY WHOM? _____		

WAS PERSON SEEN BY A PHYSICIAN? YES ___ NO ___ BY WHOM _____			
NAME OF HOSPITAL _____			
IF APPLICABLE, WAS PERSON SENT BACK TO CLASSROOM?		YES _____	NO _____
SENT HOME?		YES _____	NO _____
RELATIVE OR OTHER NOTIFIED _____			
	NAME	RELATIONSHIP	TIME
NAME OF EYEWITNESS(ES):	_____	_____	_____
	NAME	NAME	

FINAL DISPOSITION (RESULT) _____

DATE OF REPORT _____
SIGNATURE AND TITLE OF PERSON PREPARING REPORT _____
PRINCIPAL'S SIGNATURE _____

NOTE: AN INCIDENT IS ANY OCCURRENCE THAT IS NOT CONSISTENT WITH THE ROUTINE OPERATION OF THE SCHOOL. A REPORT MUST BE FILLED OUT WITHIN 24 HOURS. ONE COPY IS TO REMAIN WITH THE PRINCIPAL AND ONE IS TO BE SENT TO THE DISTRICT OFFICE. THIS APPLIES ONLY TO INCIDENTS OCCURRING DURING SCHOOL HOURS, TO AND FROM SCHOOL, DURING EXTRACURRICULAR ACTIVITIES AND PRACTICE FOR THESE ACTIVITIES.