Student/Visitor Injury - Incident Report

Ashland School District 885 Siskiyou Blvd., Ashland, OR 97520
541-482-2811

Site/School:					
Student Name:				Date of occurance:	
Gender: M F	Age:	Grade:	Time of incident:	AM	PM

Was a Parent/Guardian contacted? ☐ Yes ☐ No Name? _____

Was First Aid required? ☐ Yes ☐ No What? _____

Transport to hospital? ☐ Yes ☐ No How? _____

Please check as many options below to help describe injury/incident

LOCATION:	INJURY:	CAUSE:	EQUIPT/ACTIVITY:	BODY PART:	SURFACE:
☐ Athletic Field	☐ Amputation	☐ Animal	☐ Baseball/Softball	☐ Ankle (L, R)	☐ Asphalt
☐ Auditorium/Stage	☐ Asphyxia	☐ Athletics	☐ Basketball	☐ Arm (L, R)	☐ Carpet
☐ Auto/AG Shop	☐ Bruise	☐ Bitten	☐ Chemicals	☐ Back	☐ Cement
☐ Cafeteria	☐ Burn	☐ Body Reaction	☐ Climber	☐ Entire Body	☐ Dirt
☐ Classroom	☐ Concussion	☐ Broken Equipment	☐ Climbing Rope	☐ Eye (L, R)	☐ Pea Gravel
☐ Field Trip	☐ Cut/contusion	☐ Choking	☐ Drill/Drill Press	☐ Finger (L, R)	☐ Rubber/Foam Chips
☐ Grandstand	☐ Dislocation	☐ Diving	☐ Football	☐ Foot (L, R)	☐ Sand
☐ Green House	☐ Dizziness	☐ Fight	☐ Golf	☐ GI Tract	☐ Stairs
☐ Gym	☐ Fatality	☐ Horseplay	☐ Heating Appliance	☐ Hand (L, R)	☐ Tile
☐ Hallway	☐ Foreign body, eye	☐ Jumping	☐ Jungle Gym	☐ Head/Face	☐ Wood Chips/Bark
☐ Metal Shop	☐ Fracture	☐ Kicked	☐ Open Field	☐ Knee (L, R)	☐ *Other
☐ Parking Lot	☐ Internal	☐ Motor Vehicle	☐ Riding in Vechicle	☐ Leg (L, R)	
☐ Playsite, not on equipment	☐ Poison	☐ Overexertion	☐ SeeSaw	☐ Mouth/Lip	
☐ Playsite, on equipment	☐ Puncture	☐ Poked/Stabbed	☐ Shaper/Router	☐ Neck/Throat	
☐ Pool	☐ Seizure	☐ Pushed	☐ Slide/Slide Pole	☐ Nose	
☐ Sidewalk	☐ Sprain	☐ Running	☐ Soccer	☐ Wrist (L, R)	
☐ Staircase	☐ Strain	☐ Sliding	☐ Spring/Rocker	☐ *Other	
☐ Track	☐ Tooth	☐ Slip/Trip/Fall	☐ Tire/Tire Swing		
☐ Weight Room	☐ *Other	☐ Struck By/Against	☐ Trackand Field		
☐ *Other		☐ Tackled	☐ Volleyball		
		☐ *Other	☐ Wood/Metal Saw		
			☐ Wrestling		
			☐ *Other		

Describe incident/injury and end results:

_____

_____

_____

Witness/Witnesses: _____

This form was completed by (please print name) DATE

Signature of **staff member** completing form

Prinicipal/Administrator Signature DATE

☐ Information submitted to Safety Committee/Please initial

Original must be submitted to District Office/Benefits