FOREST HILLS PUBLIC SCHOOLS

INCIDENT/INJURY REPORT

(Work related injury should be on work related injury form)

_____ _____ _____

NAME OF INJURED GENDER D.O.B.

PARENT ☐ VOLUNTEER ☐ VISITOR ☐ STAFF ☐ (IF STAFF, FORM WILL BE SENT TO HR)

_____ _____

ADDRESS PHONE

_____ _____ _____

PARENT/GUARDIAN, IF APPLICABLE PHONE BLDG/LOCATION

DATE INICIDENT OCCURRED: _____ EXACT TIME: _____ A.M. ☐ P.M. ☐

NATURE AND CAUSE OF INJURY, INCLUDING SPECIFIC PART OF BODY INJURED:

_____

_____

_____

LOCATION OF INCIDENT: _____

SUPERVISION: YES ☐ NO ☐ (IF YES, NAME OF SUPERVISOR): _____

WITNESSES (NAMES): _____

FIRST AID AND TREATMENT GIVEN: _____

_____

BY WHOM: _____ SENT: HOME ☐ HOSPITAL ☐ PHYSICIAN ☐

REPORT PREPARED BY: _____ DATE: _____

FOLLOW-UP CONTACTS BY SCHOOL PERSONNEL MADE BY: _____

FOLLOW-UP COMMENTS: _____

_____

_____

EMAIL OR FAX WITHIN 24 HOURS TO RWOOD@FHPS.NET OR 493-8560
NOTE: IF STAFF INCIDENT, EMAIL RRIVARD@FHPS.NET OR 493-8559
SCHOOL/DEPT: SHOULD MAKE AND RETAIN A COPY BUSINESS OFFICE: COPY TO SCHOOL NURSE P-26 REV. 9/15