

**Form 313-1 INCIDENT/INJURY REPORT**

Date: \_\_\_\_\_

Name of school: \_\_\_\_\_

Name of injured student: \_\_\_\_\_

Age of Student: \_\_\_\_\_

Grade of Student: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Describe how the incident occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of the injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) of Witness(es): \_\_\_\_\_

\_\_\_\_\_

Describe the condition of the area, equipment and identified hazards (if any) that may have contributed to the incident occurring: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of supervising teacher: \_\_\_\_\_

Location of supervisor at time of incident: \_\_\_\_\_

\_\_\_\_\_

Was First Aid rendered? \_\_\_\_\_

Description of First Aid Treatment provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of First Aid Provider(s): \_\_\_\_\_

Procedure Followed: *(i.e. Parent called, sent to doctor, student rested or sent back to class)*

\_\_\_\_\_

\_\_\_\_\_

If the student was transported for treatment, record who the student was released to along with the location and time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Supervising Teacher

\_\_\_\_\_  
Signature of Principal

Distribution: 1 copy student's file & 1 copy Secretary Treasurer

**GOLDEN HILLS SCHOOL DIVISION NO. 75**