

# O'Fallon Township High School District 203 Incident / injury report form

Please print clearly and tick the correct box

Status:  Parent  Visitor  Other \_\_\_\_\_

## 1. DETAILS OF INJURED PERSON

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_ Sex:  M  F

\_\_\_\_\_ Date of birth: \_\_\_\_\_

## 2. DETAILS OF INCIDENT

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

Location: \_\_\_\_\_

Describe what happened and how: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 3. DETAILS OF WITNESSES (if any)

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

## 4. DETAILS OF INJURY

Nature of injury (eg burn, cut, sprain) \_\_\_\_\_

Cause of injury (eg fall, grabbed by person) \_\_\_\_\_

Location on body (eg back, left forearm) \_\_\_\_\_

Additional information \_\_\_\_\_

## 5. TREATMENT ADMINISTERED

First Aid given  Yes  No

First Aider name: \_\_\_\_\_

Treatment: \_\_\_\_\_

Referred to: \_\_\_\_\_

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## 6. ADDITIONAL COMMENTS

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Signature of Injured \_\_\_\_\_ Date \_\_\_\_\_

## ITEMS 7-10 TO BE COMPLETED BY DISTRICT

### 7. INCIDENT INVESTIGATION (comments to include causal factors):

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### 8. RISK ASSESSMENT

Likelihood of recurrence: \_\_\_\_\_

Severity of outcome: \_\_\_\_\_

Level of risk: \_\_\_\_\_

### 9. ACTIONS TO PREVENT RECURRENCE

Action	By whom	By when	Date completed

### 10. REVIEW

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

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

Feedback to person involved (if applicable)

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