



## Incident Report Form Bend-La Pine Schools

This form is to be used to record incidents that occur on Bend-La Pine Schools' property or involving our students, staff, volunteers  
If necessary, please complete a separate form for each person involved.

### COMPLETE FOR ALL INCIDENTS

<b>Check One:</b> <input type="checkbox"/> <b>Student</b>		<input type="checkbox"/> <b>Employee</b>	<input type="checkbox"/> <b>Volunteer / Visitor</b>	<input type="checkbox"/> <b>HDESD Sub</b>								
Date/Time of Incident:		Date/Time of Incident:										
School /Site		School /Site										
Name of Injured Student:		Name of Injured Person:										
Student ID#:		Address of injured:										
Student Grade:	Student Age:	Work Phone Number:										
Name of Parent/Guardian:		Home/Cell Phone Number:										
Parent Notified <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		Email Contact:										
Date & Time Parent Notified:		<a href="https://portal.bend.k12.or.us/search/node/801">https://portal.bend.k12.or.us/search/node/801</a>										
Parent will come and pick up: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Monitor at School-call with any changes <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	It is a requirement to submit Workers Compensation Form 801 for an injured employee if medical treatment other than first aid is necessary. Submit to the Human Resources Department.										
Left Message: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Notes:											
Description of Incident Detail and Location: Include activity, where, how, piece of equipment involved, witness(es), who was supervising, etc.												
Description of injury, extent, body part involved:												
n/a												
Description of care / first aid administered by: Name												
n/a												
Potential Bloodborne Pathogen Exposure? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>												
<b>Head Injury Protocol Checklist; PARENT CONTACT FOR ALL HEAD INJURIES REQUIRED- Head Injury Signs/Symptoms Form given to Parents for all head injuries.</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Difficulty recalling date/event/teacher</td> <td style="width: 50%; border: none;"><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Difficulty walking</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Headache</td> <td style="border: none;"><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Loss of consciousness</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Nausea/Vomiting</td> <td style="border: none;"><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Drowsiness</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Dizziness</td> <td style="border: none;"><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Bump on head where impact occurred?</td> </tr> </table>					<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Difficulty recalling date/event/teacher	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Difficulty walking	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Headache	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Loss of consciousness	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Nausea/Vomiting	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Drowsiness	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Dizziness	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Bump on head where impact occurred?
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<b>TIME OF ASSESSMENT:</b>												
<b>INITIALS:</b>												
<b>If any symptoms above are present now, consult with your school nurse. If a head injury report was completed, attach that form to the incident report.</b>												
Names of others involved:												
What action is being taken to prevent recurrence (if applicable submit work order):												
Name and title of person completing form:												
Other Notes: <span style="float: right;">DID NOT WITNESS INCIDENT <input type="checkbox"/></span>												

FOR STUDENT INCIDENTS: submit the completed form to the Risk Management Office-Use Green Folder, Once Weekly.  
FOR EMPLOYEE & VOLUNTEER / VISITOR INCIDENTS: submit the completed form to the Human Resources Department upon completion directly after incident. ATTN: Carly Brooks A-L -or-Ashlee Burnett M-Z  
ADM-156-03/2019(2 NCR) <https://portal.bend.k12.or.us/search/node/801>