



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

Check One: <input type="checkbox"/> Student		<input type="checkbox"/> Employee	<input type="checkbox"/> Volunteer / Visitor	<input type="checkbox"/> HDES Sub		
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"/> Yes <input type="checkbox"/> No		Email Contact:				
Date & Time Parent Notified:		https://portal.bend.k12.or.us/search/node/801				
Parent will come and pick up: <input type="checkbox"/> Yes <input type="checkbox"/> No		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. Has an 801 form been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Monitor at School-call with any changes <input type="checkbox"/> Yes <input type="checkbox"/> No						
Left Message: <input type="checkbox"/> Yes <input type="checkbox"/> No						
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:						
Description of care / first aid administered by: Name						
Potential Bloodborne Pathogen Exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<p>Head Injury Protocol Checklist; PARENT CONTACT FOR ALL HEAD INJURIES REQUIRED- Head Injury Signs/Symptoms Form given to Parents for all head injuries.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding-right: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Difficulty recalling date/event/teacher</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Headache</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Nausea/Vomiting</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Dizziness</i> </td> <td style="width: 50%; padding-left: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Difficulty walking</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Loss of consciousness</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Drowsiness</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Bump on head where impact occurred?</i> </td> </tr> </table> <p>TIME OF ASSESSMENT: _____ INITIALS: _____</p> <p>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.</p>					<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Difficulty recalling date/event/teacher</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Headache</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Nausea/Vomiting</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Dizziness</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Difficulty walking</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Loss of consciousness</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Drowsiness</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Bump on head where impact occurred?</i>
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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: DID NOT WITNESS INCIDENT <input type="checkbox"/>						

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- Katie Graham M-Z