

**Dolgeville Central School
Incident Report Form**

Name: _____ Sex: Male Female Grade: _____ Age: _____

School Building Name: _____ Code ()

Time: _____ a.m. p.m. 01 Before School Hours Date:

--	--	--

02 During School Hours

Day: SU M T W TH F S 03 After School Hours

1 2 3 4 5 6 7 04 School Not In Session

Place Of Incident (Circle First Applicable One)					
01	Phys. Ed. Class	10	Library	19	Automobile
02	Organized Athletics	11	Restroom	20	Extracurricular Activity (non-sporting)
03	Gymnasium	12	Classroom / Office	21	Other Off-Premises (field trip, class trip, etc.)
04	Locker Room	13	Halls		
05	Swimming Pool	14	Stairways		
06	Science Labs	15	Playground	50	Other:
07	Manual / Industrial Arts.	16	School Grounds		
08	Home Economics	17	Cafeteria		
09	Auditorium	18	Bus		

Source Of Injury (Circle First Applicable One)					
01	Children Fighting	11	Hot Surface	18	Falls / Slips
02	Horseplay	12	Electricity	19	Unintentional Act
03	Sharp Objects	13	Chemicals / Paint	20	Corporal Punishment
04	Falling / Flying Objects	14	Elements - Snow / Ice / Freezing / Water	21	Condition Of Premises - Interior
05	Gymnastics / Equipment			22	Condition Of Premises - Exterior
06	Specialized / Creative Apparatus	15	Fire / Smoke / Flame / Flash / Fumes / Dust	50	Other:
07	Phys. Ed. Equipment				
08	Machinery / Equipment	16	Vandalism		
09	Bee Sting / Animal Bite	17	Structural Failure / Collapse	70	Unspecified
10	Door / Window / hatch / Etc.				

Nature Of Injury (Circle First Applicable One)					
01	Abrasion	11	Dislocated	21	Overexerted
02	Amputated	12	Fractured / Broken	22	Poisoned
03	Asphyxiated	13	Frozen	23	Punctured
04	Bite	14	Hernia	24	Sprained / Strained
05	Bruise	15	Infected	25	Shock / Trauma
06	Bumped	16	Irritated		
07	Burn	17	Cut	50	Other
08	Concussion	18	Scratch	60	No Injury
09	Contusion	19	Inflamed / Swollen	70	Unknown
10	Crushed	20	Lacerated		

Body Part Injured (Circle One)					
01	Abdomen	11	Groin	21	Shoulder
02	Ankle	12	Hand	22	Teeth/Mouth/Jaw
03	Arm	13	Heart	23	Toe
04	Back	14	Hip	24	Wrist
05	Chest	15	Knee	25	Multiple
06	Ear	16	Leg		
07	Eye	17	Lung	50	Other
08	Face	18	Neck	60	No Injury
09	Finger	19	Pelvis		
10	Foot	20	Scalp		

Narrative Description Of Incident

At the time of the incident:

Name Of Supervisor In Charge: _____

Was he/she present? Yes No

Did incident result in loss of payment (medical / liability)? Yes No

First Aid Rendered By: _____

Time: _____

Were Parents Notified: Yes No By Who: _____

When: _____

Remarks

Principal's Signature _____

Nurse's Signature _____

Signature of Person Filing Report _____

Date Of Report _____