RIALTO UNIFIED SCHOOL DISTRICT

CONFIDENTIAL/PRIVILEGED STUDENT INCIDENT REPORT (pursuant to litigation)

The District employee either witnessing or supervising the incident at the time must complete and submit this form to their supervisor. The completed form must be submitted to Risk Management within 24 hours. Type/Print in ink.

School Site: _____
Date of Incident: _____
Time: _____ am/pm

Name of Student: _____
Grade: _____ M/F Birthdate: _____/_____/_____
Address: _____
_____
City: _____ Zip: _____ Phone: ____-_____

Specify location of incident: (athletic field, playground, etc)
_____
_____

Did the incident involve another student? Yes ___ No ___ If yes, name: _____
_____

Was a school rule violated? Yes ___ No ___ If yes, explain _____
_____
_____

Witness(es) _____ Title/Phone# _____

Witness(es) _____ Title/Phone# _____

Description of Incident: Be specific – Details of who, what, when, why, and how

_____
_____

Completed by:
Title: _____

Signature/Print: _____
Date: _____

Completed by person who rendered first aid treatment:

Body Part Involved	Type Injury	Body Part	Treatment
Asthma Attack - Difficulty Breathing			
Face			
Eye			
Teeth/Jaw/Lips			
Head			
Ears			
Neck			
Abdomen			
Chest			
Back			
Arm			
Wrist			
Elbow			
Hand			
Shoulder			
Leg			
Knee			
Ankle			
Foot			
Other			

CODES

Type of Injury:

1= a) Bump b) Bruise c) Scrape
2= a) Cut b) Puncture c) Avulsion
3= a) Sprain b) Strain
4= a) Suspected Fracture b)Dislocation
5= Unconscious
6= Suspected Concussion
7= a) Pain b) Swollen c) Redness
8= Other:

Location on Body Part:

8= Left 11= Right
9= Top 12= Bottom
10=Front 13= Back

Treatment:

14= a) Rest b) Ice c) Elevation
15= Clean & Bandage
16= Ace Wrap
17= Splint or Sling
18= First Aid Follow-Up
19= Other:

ACTION TAKEN:

Student Destination **Time**

Return to Class _____
Sent Home _____
Physician/Clinic _____
Hospital/ER _____

Notification **Time**

911 ----------
Nurse ----------
Health Services ----------
Parent/Guardian ----------

Left message with:

_____
_____

Additional Comment:

_____
_____
_____

Completed by: _____ Date: _____

Principal/Designee Signature: _____
Date: _____