

NEBO CROSSING ACADEMY

Incident Report

Student Name:		Date of Incident:	Time of Incident:
Circle all that apply			
Type of Incident	Body Part Injured	Medical Treatment Administered	Medical Action Taken
Fight	Abdomen / Chest	CPR / AED	Called 911
Broken bone	Arm / Elbow / Collarbone	EMT Treatment Onsite	Called Poison Control
Allergic reaction	Eye / Eyebrow	First Aid Onsite	Hospital Admission
Medication error	Face / Nose / Chin	Splint Onsite	Fatality
Unconscious	Head / Ear / Forehead	Other:	Name of Medical Facility:
Seizure	Foot / Ankle		
Burn	Hand / Wrist / Finger		
Cut or scrape	Leg / Knee	Witnesses to the Incident:	
Other:	Mouth / Teeth		
	Neck / Back		
	Other:		
Location of Incident	Equipment Involved:		
Building # _____			
Room # _____			
Playground			
Parking lot	Other Individuals Involved:		
Other:			
Brief summary of the incident including where, how, who, and what:			
Steps to prevent recurrence:			
Parent / Guardian Name:		Staff Reporter Name:	
Parent / Guardian Signature:		Staff Reporter Signature:	
Parent contacted by: Phone Text Email In-Person		Admin / Supervisor Name:	
Date & Time:		Admin / Supervisor Signature:	
Contacted by Whom:			