Henry County School System - Incident Report **(Student/Visitor/Volunteer ONLY)**

This form is used for ALL INCIDENTS occurring on school property. (All injuries are documented on Nurse Visit Slips)

Full Name: _____ Age:_____ Sex:_____ Grade: _____ Category:_____ (student/visitor, volunteer)

Date Incident Occurred: _____ **Time Incident Occurred**: _____ School**:** _____

Location of Incident: _____ **Teacher/Supv. in Charge:** _____

Type of injury: _____abrasion/scrape _____bite/sting _____burn _____bruise/hit _____foreign body _____laceration/cut

_____puncture wound _____strain/sprain _____fall

Coaches Only-Athlete Incidents (circle all that apply): Warm-up Practice Game Home Away Other:_____

Witnessed by Coach: Yes No **Player continued to Play:** Yes No

Describe the activity prior to injury: _____

(Include BODY PART AFFECTED and _____

whether on RIGHT OR LEFT) _____

Witnesses:	Statement / opinion of cause:
Printed Name:	
Signature:	
Printed Name:	
Signature:	

Circle One: **Sent Directly to Nurse** **Treatment Given on Scene:** _____

_____ **1st on-scene signature:** _____ **Date:** _____

Treatment by nurse/trainer: _____

Referred to:_____ **Signature:** _____ **Date:** _____

If incident requires a medical referral, nurse completes remainder of form ***(Summer - Coach/Trainer/Supervisor completes)***

ALL: SSAN: _____ Birthdate: _____ Date School System Notified of Injury: _____

Student:

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Daytime Phone No.: _____ Daytime Phone No.: _____

Name of Health Ins.(provide info only if injured is covered): _____ Insured: Self Mother Father

Policy No.: _____ Phone Number: _____ Individual Group

Visitor/ Volunteer:

Address: _____ City/State/Zip: _____

Daytime Phone No.: _____

Activity Being Performed at Time of Injury: _____

Did this injury occur on school property: _____ If not, where? _____

Name of Health Ins.(provide info only if injured is covered): _____ Insured: Self Mother Father

Policy No.: _____ Phone Number: _____ Individual Group

(Continued on Reverse)

Incident reported on-line at www.tnrmt.net: **YES** **NO**

If reported, by whom: _____ **Date:** _____

Injury Information Packet (circle one): **GIVEN** **MAILED** **to parent/guardian** _____ **(date).**

If student athlete, copy of incident and on-line report sent to Athletic Director on _____**(date).**

Planned prevention by Principal: _____

_____

Principal's Signature: _____ **Date:** _____

Planned prevention by CSHP Director: _____

_____

CSHP Dir. Signature: _____ **Date:** _____

Copy to Director of Schools _____**(Date)**

The report requires the principal's comment and signature. If the principal so desires, he/she may make and keep a copy of the incident report on-file in their office.

Directions for First On-Scene and Nurses::

1. *First person on-scene (staff member) must complete all emboldened areas, prior to "1st on-scene signature block" on front of form.* ***Except in true emergency situations****, this information should be completed and the incident report should accompany the individual to the nurse's office.*

2. *The nurse provides/records any on-site nursing care required. During the regular school year, the nurse completes this form. In summer months, trainers/coaches/supervisors are responsible for this form's completion within 24 hours of the incident. All information, pertinent to the category of individual involved, must be completed.*

3. All Athlete injuries and all others requiring medical care must be filed on-line.

4. School nurse maintains original copy of incident report and copy of on-line report and forwards copy of Incident Report **ONLY** to the Director, CSH.

5. When a student athlete has been injured, after filing on-line, nurse sends copy of incident report AND on-line report to Athletic Director, as well as information packet and copy of on-line report to parents.

6. IF Visitor/Volunteer--Make sure you get the Principal and Witness sections filled out by the proper people.

SUMMER MONTHS (COACHES):

1. **All SPORTS-RELATED Student Athlete Injuries or injuries requiring medical care: MUST BE FILED ON-LINE.** Be sure to complete the information on the back of this form (top half of this page) re: on-line reporting, as well as packets to parent and to AD.
2. **Copies needed:**
   - Original plus 2 copies of incident report
   - 3 copies of on-line report
   - 1 copy of 2-page TNRMT instructions to parents re: insurance coverage (SAF 12, Atch 2 & 3)
   - 1 copy of Additional Insurance Information for Sports Related Injuries (SAF 12, Atch 5)
3. **Distribution:**
   - **Staple** copy of on-line report to the **ORIGINAL** copy of incident report. **Hold for turn in to nurse when school resumes.**
   - Send **copy** of incident report **ONLY** to Director, CSH, at time incident occurs.
   - Send **copy** of on-line report and **COPY** of incident report to Athletic Director at time incident occurs.
   - **Staple** copy of Additional Insurance Information for Sports Related Injuries to top of 2-page TNRMT instructions to parents re: insurance coverage and copy of on-line report. **Send** to parents at time incident occurs.

DO NOT GIVE parents a copy of the incident report.