A. It is imperative that a comprehensive system of documentation of first aid assistance by school personnel provided for students and visitors be utilized by all schools in the Columbia School District. Each school is responsible for developing a procedure which would accomplish the goal of thorough documentation that is manageable within the individual school operations.

B. Incidents involving students or visitors which require emergency care, or which may be subjected to future inquiry, will require completion of an Incident Report form by the individual administering care and/or witnessing the incident (see sample on page 3). It is important that the form be completed with all details of the incident, including a brief statement of the injury and any follow-up details. A copy of the completed Incident Report is signed by the caregiver and/or witness, and the school principal or supervisor, and is to be kept with the school nurse and a copy also sent to the Office of the Chief Financial Officer.

1. The Incident Report form should be completed as follows:
   a) SCHOOL NAME: Name of school or building reporting incident.
   b) DATE OF INCIDENT: Date the incident occurred.
   c) TIME OF INCIDENT: Time the incident occurred.
   d) NAME OF INVOLVED PERSON: Name of student, visitor or other.
   e) DATE OF BIRTH: Date of birth of involved person.
   f) SEX: Sex of involved person.
   g) STUDENT, VISITOR, OTHER: Check the one that applies.
   h) GRADE: If student, list grade level of student.
   i) STUDENT #: If student, list student ID number.
   j) HOME ADDRESS: Home address of involved person.
   k) PHONE: Phone number of involved person.
l) PARENT OR GUARDIAN: If student, list parent or guardian name(s).

m) LOCATION OF INCIDENT: Location where the incident occurred.

n) DESCRIPTION OF INCIDENT: Specific details of the incident.

o) PARENT/GUARDIAN CONTACTED: If student, name of parent or guardian who was contacted, time, etc.

p) FOLLOW UP: Follow-up details, if any.

q) TRANSFER OF RESPONSIBILITY WAS MADE TO: Check the appropriate individual and list name if parent/guardian or other.

r) NAME OF PERSON COMPLETING FORM: Printed name and signature or person completing form.

s) PRINCIPAL OR SUPERVISOR’S SIGNATURE: Principal or supervisor’s signature.

2. All parent/guardian inquiries for a copy of the Incident Report form must be directed to the District’s Office of the Chief Financial Officer.
INCIDENT REPORT FORM

COLUMBIA PUBLIC SCHOOLS
STUDENT/VISITOR INCIDENT REPORT

School Name: __________________ Date of incident: _______ Time of incident: _______

Name of involved person: __________________ Date of birth: __________ Sex: ______

Student: Grade ___________ Student #: ______

Visitor: _______________________

Other: (Specify) __________________

Home address: ____________________ Phone: ______

Parent/Guardian: __________________________

Location of incident: _______________________

Description of incident (include specifics of incident: nature of injuries, if any; what caused injury; equipment involved; eye witnesses; person escorting student; treatment immediately following incident; and any other important facts related to the incident):

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Parent/guardian contacted (Name, phone): _______ _______

Follow up: __________________________

Transfer of responsibility was made to:

Parent/Guardian (Print Name): _________________________

Healthcare personnel (Hospital, Paramedics, PCP): ______

Self: __________________________

Other: _________________________

Name of person completing form: ______________________ (Print)

_____________________________ (Signature)

Principal or Supervisor’s signature: _________________________

After completion of form with necessary signatures, a copy should be filed in the school office, nurse’s office (if health-related), and with the Executive Assistant to CFO - Tracy Davenport at Aslin.

Examples of health-related incidents to be reported on this form:

1. Incidents that could develop complications
2. Incidents that require medical attention

Revised 07/19
C. **Head injuries** - A **Head Injury Form** should be completed for all injuries to the head (see sample on page 5). It is important to notify a parent/guardian of the injury and to send a copy of the form home even if the injury does not result in the student leaving school.

D. The **Head Injury Form** should be completed as follows:

1. **STUDENT’S NAME:** Injured student’s name.
2. **STUDENT NUMBER:** Student's ID number.
3. **DATE:** Date form is completed and date of the injury.
4. **TIME OF INJURY:** Time of day the injury occurred.
5. **SCHOOL:** Name of the school where the injury occurred.
6. **DESCRIPTION OF INJURY:** List how the student injury occurred, a complete description of the physical injury and the care given to student.
7. **CONTACT/ATTEMPTED CONTACT WITH PARENT/GUARDIAN:** Name of the student’s parent or guardian and time contacted or attempted to contact.
8. **SIGNATURE OF PERSON COMPLETING THE FORM:** Health provider must sign the form.
9. **TITLE:** Title of the person completing the form.
10. **PHONE NUMBER:** Phone number of the school office.
Subject: INCIDENT REPORTS

HEAD INJURY FORM

Student’s Name: ___________________________ Student Number: ___________________________

Date: _______________ Time of Injury: _______________ School: ___________________________

Dear Parent/Guardian,

Your student received an injury to the head today and was checked by the school nurse or first aid provider. Though no significant symptoms were found, please be aware that symptoms can still appear several hours after an injury. If your child experiences any of the signs listed below, please contact your Primary Care Provider:

- Headache
- Nausea or vomiting
- Chills
- Dizziness
- Fuzzy or blurred vision
- Drowsiness
- Sensitivity to light
- Sensitivity to noise
- Numbness or tingling in body
- Appears dazed or stunned
- Difficulty concentrating
- Difficulty remembering
- Difficulty following directions or conversation
- Answers questions slowly
- Decrease in energy
- More emotional; sadness; irritable
- Nervousness or anxiety
- Changes in sleep patterns
- Difficulty falling asleep

Contact your Primary Care Provider or the emergeney department immediately if they show any of the following symptoms:

- One pupil is larger than the other
- Drowsiness or cannot be awakened
- Headache worsens or does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting and nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior

Description of injury (how injury occurred, complete description of physical injury and care given):

Contact/Attempted contact with parent/guardian (name) ___________________________
at (time) ___________________________.

Signature of person completing this form: ___________________________

Title: ___________________________ Phone #: ___________________________

Revised 7/18