

STUDENT INCIDENT REPORT FORM

STUDENT INCIDENT REPORT

Please fully complete the form including codes.
Refer to reverse side of form for appropriate codes.

School District/BOCES	CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Name _____	
	Last Name	First Name			Alleged Incident Date		Time
Student Name	<input type="text"/>			N	<input type="text"/>		<input type="text"/>
Home Address/Telephone _____					D.O.B. / /		
Building/Location	CODE	Description of Location			CODE		Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>		<input type="text"/>

ALLEGED INCIDENT INFORMATION		SEE REVERSE SIDE FOR APPROPRIATE CODES
Reported By _____ Date _____ Time _____		CODE
Describe Where Within Building/Location Alleged Incident Occurred and How: _____ _____		ACTIVITY <input type="text"/>
BOCES Activities/Class: <input type="checkbox"/> Yes or <input type="checkbox"/> No		CODE
Person Supervising Student _____		INJURY/DAMAGE <input type="text"/>
Please Describe Alleged Injury (Include part of body): _____ _____		CODE
Name/Address/ Telephone of any Witnesses. (Please indicate if none) _____ _____		PART OF BODY <input type="text"/>
Was first aid rendered? <input type="checkbox"/> Yes or <input type="checkbox"/> No	If Yes, by whom/date/time _____	
Did student remain in school remainder of day/activity? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Describe first aid _____	
Did student receive medical attention by a physician or hospital? <input type="checkbox"/> Yes or <input type="checkbox"/> No	If Yes, describe medical attention. If unknown, please state. _____ _____	
Name/Address/Telephone # of physician or hospital _____		

EMERGENCY CONTACT INFORMATION		
Person Contacted/Relationship _____		
Address _____		Telephone _____
Contacted by _____		Date _____ Time _____
If Emergency Contact Was Not Contacted, Please State Reason _____ _____		

Completed by Name: _____	Date: _____	Title: _____
Reviewed by Name: _____	Date: _____	Title: _____

STUDENT INCIDENT CODE LIST

SCHOOL DISTRICT/BOCES AND LOCATION CODES

Please refer to the computerized location code printout for codes specific to your school district/BOCES.

GRADE CODES		PART OF BODY CODES		ACTIVITY	SUB-SECTIONS
Code	Description	Code	Description	Lunch	01-01 Eating 01-02 Other
PK	Pre-Kindergarten	01	Brain	Playground	02-01 Using Equipment 02-02 Other
KG	Kindergarten	02	Ear(s)	Recess	03-01 Games 03-02 Other
01	1st Grade	03	Eye(s)	Physical Ed	
02	2nd Grade	04	Facial	Participation	04-01 Football 04-02 Soccer 04-03 Basketball 04-04 Baseball/Softball 04-05 Volleyball 04-06 Gymnastics 04-07 Hockey 04-08 Challenge Courses 04-09 Games 04-10 Other
03	3rd Grade	05	Facial Bones	Interscholastic	
04	4th Grade	06	Mouth	Sports	05-01 Football 05-02 Soccer 05-03 Basketball 05-04 Baseball/Softball 05-05 Volleyball 05-06 Gymnastics 05-07 Wrestling 05-08 Hockey 05-09 Cheerleading 05-10 Other
05	5th Grade	07	Nose	Intramural	
06	6th Grade	08	Skull/Forehead	Activity	06-01 All Intramurals
07	7th Grade	09	Teeth	Classroom	07-01 Instructional 07-02 Other
08	8th Grade	10	Multiple Head Injuries	Technology	08-01 Art 08-02 Computer 08-03 Science 08-04 Trades 08-05 Other
09	9th Grade	11	Neck	Lab Activity	09-01 Instructional 09-02 During Experiment 09-03 Other
10	10th Grade	12	Shoulder	Bus/Motor	
11	11th Grade	13	Upper Arm	Vehicle	10-01 Riding on School Bus 10-02 Getting On/Off School Bus 10-03 Riding in School Vehicle 10-04 Other
12	12th Grade	14	Lower Arm	Buildings &	
AD	Adult Education	15	Wrist	Grounds	11-01 Indoors 11-02 Outdoors 11-03 Assault 11-04 Other
SE	Special Education	16	Hand/Fingers	Other Activities	99-01 All Other
UN	Unspecified	17	Elbow		
INJURY/DAMAGE CODES		18	Multiple Upper Extremities		
Code	Description	21	Ribs		
01	Amputation	22	Internal		
02	Burns	23	Back		
04	Contusion/Abrasion/Bump	24	Multiple Trunk Injuries		
05	Crushing	30	Knee		
06	Disfigurement	31	Hip		
07	Fatality	32	Upper Leg		
08	Fracture/Dislocation	33	Lower Leg		
09	Inflammation	34	Ankle		
10	Lacerations	35	Foot/Toes		
11	Puncture	36	Multiple Lower Extremities		
13	Poisoning	40	Multiple Body Sections		
16	Sprains/Strains	41	Groin/Pelvic Area		
17	Vision Loss	99	Other Unspecified		
19	Allergic Reaction				
20	Asphyxiation				
22	Electric Shock				
23	Environmental				
24	Foreign Body				
25	Heat Prostration				
28	Hearing Loss				
27	Molestation				
28	Stress				
29	Minor Injuries				
30	No Apparent Injuries				
31	Nose Bleed				
32	Headache/Nausea				
99	Other Unspecific				

WHITE - ADMINISTRATION YELLOW - NYSIR PINK - NIRS

Adoption date: March 23, 2006