Arlington Community Schools
Emergency (911) Law Enforcement Crisis Intervention
Student Incident/Accident Report Form

1. This report pertains to an incident/accident, activating law enforcement/crisis intervention or 911 emergency services for an event during regular school hours, school sponsored activities, and on buses transporting students to and from school where may be indicated.
2. Contact the office of Coordinated School Health immediately regarding an incident/accident or situation that requires activation of law enforcement/crisis intervention or 911 emergency services for a student occurrence.
3. Fax a copy of this form (901-389-2498) or email to the Office of Coordinated School Health within 24 hours for any incident/accident or situation that requires activation of law enforcement/crisis intervention or 911 emergency services for a student occurrence.

Student Name: _____ School Name: _____
Address: _____
Grade: _____ Age: _____ Race: _____ Gender: _____ Phone: _____
Date the incident/accident occurred: _____/_____/_____ Time: _____am/pm
Parent/Guardian notified: _____Yes _____No _____Unable to reach
Administrator notified: _____Yes _____No

Did incident/accident occur while student was supervised? Yes No
Did incident/accident occur during a school sponsored activity Yes No

Location of the incident/accident: (Please Circle)

Between Building	Bus	Hallway	Classroom	Doorway
Gym	Cafeteria	Playground	Restroom	Stairway

Other: _____

Type of injury: (Circle all that apply)

Break	Bump	Broken/Chipped Tooth	Burn
Bruise	Nosebleed	Dislocation	Cut
Puncture	Scratch/Scrape/Mash	Sprain/Pull/Jam/Twist	Insect Sting

Other: _____

Activity at time of incident: (Please circle)

Arrival	Dismissal	In Classroom	Field Trip	Laboratory
Lunch	PE	Practice	Recess	

Other: _____

Describe how the accident/incident happened: _____
_____
_____

Describe the injury and condition of student: _____
_____
_____

First aid treatment administered: _____Yes _____No
Treatment Administered: _____
_____

Name of Supervising Teacher: _____

Signature of person completing the above portion of the report: _____

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School Nurse:

Student has an existing medical condition	Yes	No
Student has an IHP/EAP in place	Yes	No
Student requires routine or emergency medication	Yes	No

Summary of assessment/disposition/action:

_____

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Emergency response was requested: ____Yes ____No

Time requested: _____ Arrival Time: _____

Student transported: _____Yes _____No Transported to what location: _____

Select the appropriate disposition of the student:

Parent present	Yes	No
Parent declined transport	Yes	No
Parent declined transport against EMS advice	Yes	No
Student released to parent	Yes	No
Parent will meet student at treatment facility	Yes	No

Signature of nurse (if assessed by nurse): _____ Date: _____

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Principal/Administrator:

Comments (optional): _____

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_____

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Signature of principal/administrator: _____ Date: _____