

Student Incident Report/First Aid Record Form

CONFIDENTIAL

Basic Information: Date of Accident: _____ Time: _____:_____ am pm
(Month) (Day) (Year)

School: _____

First reported to: _____ Position: _____

Injured Student Name: _____ Male Female Grade: _____

Date of birth: Month _____ Day _____ Year _____

Location of Accident:

- Off Site field trip
- Transfer Site
- Off Site field trip
- Exterior stairs
- Other (please specify) _____

Were Parents notified? YES NO Date/Time: _____

Comments: _____

Names of other(s) involved: Role: (e.g.: student, teacher, witness etc.)

1. _____ Role: _____

2. _____ Role: _____

Treatment

Did a qualified Division First Aider provide treatment? YES NO

(NOTE: If a trained Division person administered first aid, please fill in their name & qualifications below.)

Name of First Aider: _____

Description of First Aid: _____

Qualifications: Emergency Standard Advanced School Nurse

Was a Physician or Hospital called? Physician Hospital - Name: _____

Transported by Ambulance? YES NO If yes, where to? _____

Does this individual have a pre-existing medical condition related to this injury? YES NO

(NOTE: If yes, please provide some details in the comments section)

Did the Parent/Guardian pick up the child? YES NO

Injury Information: What Body Regions Where Injured?

Head/Face/Neck/other Region:

- head Ear(s) Neck/throat Eye(s) Eyelid
- Cheek/Jaw Nose/Nosebleed Teeth Mouth/ Chin
- Fainting Seizure (Diabetic, epileptic) Reaction (allergic, anxiety, other)

Torso:

- Chest Abdomen/stomach Back Sides/Ribs Collarbone
- Buttocks Groin Possible internal injuries

Arm: Left

- Shoulder Upper Arm Elbow Forearm Wrist
- Hand Finger(s)/Thumb Fingernail(s)

Leg: Left

- Hip Upper leg/thigh Knee Lower leg/calf
- Ankle Foot Toe(s)/Toenail(s)



Injury Type/Severity Please indicate all injuries sustained (choose as many as applicable).

- 1. Minor scrape or bump (requiring band aid or other minimal attention)
- 2. Bad scrape Minor eye injury Minor cut/laceration/incision/puncture
 Minor aches &/or pains Minor swelling or bruising Dizziness, nausea, winded
 Muscle pull, sprain or strain
- 3. Seizure (temporary/short-term – paramedic not called) Dislocated/separated joint
 Temporary disorientation/fainting temporary loss of consciousness Broken or fractured bone(s)
 Severe sprain (potential medium to long term recovery) Significant bruising (swelling and pain)
 Back/spinal injury (considered moderate, short-term, temporary) Tooth/teeth injury
 Laceration (categorized as moderate to somewhat serious requiring stitches or medical attention)
 Breathing difficulty (e.g., asthma - ambulance not called)
 Burn (minor to moderate, ambulance not called) Allergic reaction (ambulance not called)
- 4. Severe wound (that will have obvious scarring or require surgery or long term affects)
 Broken bones with long-term affects(surgery required, pins or plates inserted) Concussion
- 5. Death Permanent Disability

Cause Cause of Injury (indicate as many as apply)

- Blow delivered by an object (ball, bat, etc.)
- Carelessness on part of individual
- Fall or loss of balance
- Blow/hit/trip caused by another person
- Other – please specify _____
- No clear or apparent cause
- Accidental collision between participants
- Aggravation of pre-existing injury
- Animal/Human/Insect bite

Activity Involved

- Transfer Site
- School organized activity (include play days)
- Assembly
- Walking/Running
- Other indoor or outdoor activity – please specify _____
- Lining up a bus location
- Getting on/off bus
- Class change OR moving between buses

Comments

Please provide a detailed narrative description of the accident which caused the injury:

Date of Report: _____ Operator Signature _____

Date: _____ Contractor Signature _____

Date: _____ Supervisor Signature _____

**Please email all reports to Parkland Transportation Services Dispatch@psd.ca
Must be completed, signed and submitted within 24hrs.**