

**ORCHARD PARK CENTRAL SCHOOL DISTRICT
INCIDENT REPORT**

Building _____ Date of Report _____

Name _____ Check One: Student Employee Guest

Address _____ Phone # _____

_____ Cell # _____

Date of Birth _____ Age _____ Grade _____

Incident Summary:

Location of Incident _____

Day of Incident M T W Th F S Su Date _____ Time _____ AM/PM
Check One Circle One

Type/Body Location of Injury _____

Description of Incident _____

Witness(es) Statement _____

Witness(es) Signature _____

Emergency Services Contacted Yes No

Person(s) in Charge of Activity _____

Treatment Summary:

Type of Treatment _____

Provided By _____

Check One: Recommend Medical Attention Returned to Class/Job Sent Home Sent to Hospital Other
Other: _____

Method of Transport _____ By Whom _____

Parent/Guardian/Home Notification Yes No

Report Prepared By _____

Please Print

Signature

Position _____

Copies To: Business Office Health Office School Office Athletic Office Director of Safety
Principal's Signature