

Haverhill Public Schools INCIDENT REPORT

Name of Student(s) or Staff Involved in incident:	Date:	Time:
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Event preceding incident: On the playground Physical Education Group Activity Meal time
 Individual task Leisure activity Transition Other: _____

Type of Injury: None Fall Laceration Hit/Kick Bruise Redness Other: _____
Treatment: None Applied Ice Treated/Cleaned area Bandaged Other: _____

Describe the incident (for *STUDENT(S)*):
 Student injured during activity Student injured by another student Student's aggression caused injury
 Student's self-injury caused injury Student injured during incident Student self-reported incident
 Other: _____

Describe the incident (for *STAFF*): _____
 Staff injured due to student's behavior Staff injured during incident Staff injury non-student related
 Other: _____

Description of incident and staff involved: _____

Outcome of incident/Action taken by staff:
 Student returned to class – no further action required **Student** taken to nurse **Student** suspended
 Staff returned to work – no further action required **Staff** taken to nurse Followed Behavior Plan
 Other: _____

Postvention (Processing) to occur within 24 hours on/by _____

Nursing Review: No Findings Other: _____

Nursing Signature _____
Date

REQUIRED SIGNATURES

Name, title, and initials of staff witnesses:

Assistant Principal Signature **Date:**

Principal Signature **Date**