



Lomega Public Schools

Student Incident Report Form

Student Name: _____ Grade: _____

Date of Incident: ____ / ____ / ____ Time of Incident: _____ am/pm

Witnesses: _____

Details of Incident: _____

Location where incident occurred:

____ Entrance of School ____ Classroom ____ Hallway ____ Bathroom

____ Playground ____ Cafeteria ____ Gym ____ Bus

____ Other (specify) _____

Treatment provided by: _____

Treatment:

____ Cleansed & Bandage ____ Cold/Ice Pack Treatment ____ Rest

____ Medication Administered ____ Return to Class ____ Parent Pickup

Additional Information: _____

Parent or Guardian Notified: Yes / No

If so, time notified: _____ am/pm

Principal Notified: Yes / No

If so, time notified: _____ am/pm

Superintendent Notified: Yes / No

If so, time notified: _____ am/pm

Staff Member(s) Signature:

Name: _____ Date _____

Name: _____ Date _____