**Incident Report Form**

Please PRINT or TYPE and enter ALL information requested.

1. Name of School Board or Community College
2. Name of School or Campus
3. Incident Site (only if other than School or Campus)
4. Full Name of Injured Person
5. Gender
6. Address of Injured Person
7. Parent/Guardian/Emergency Contact
   NAME PHONE

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15. Nature of Injury
- N01 Bruise/Abcession/Swelling
- N02 Burn
- N03 Concussion (suspected)
- N04 Dental Damage
- N05 Dislocation (suspected)
- N06 Fatality
- N07 Fracture (suspected)
- N08 Inhaled Object
- N09 Nosebleed
- N10 Open Wound/Laceration
- N11 Other Hand/Neck Back
- N12 Sprain/Strain (suspected)
- N13 Haemorrhage
- N14 Hernia (suspected)
- N15 Impact/Blunt Trauma
- N20 Amputation
- N21 Substance in Eye(s)
- N22 Substance Inhalation
- N23 Contact/Irritation
- N25 Electrical Shock
- N14 Unknown/No Information
- N16 Not Applicable
- N13 Other (specify below)

16. Body Part
- B01 Arm/Shoulder/Elbow
- B02 Chest/Abdomen
- B03 Eyes
- B04 Face
- B05 Feet/Toes
- B06 Fingers/Hands/Wrists
- B07 Head/Forehead
- B08 Leg/Knee/Ankle
- B10 Neck/Throat
- B12 Spine/Back
- B13 Teeth/Mouth
- B15 Groin
- B16 Anal/Rectal/Buttocks
- B17 Rib/Collar Bone
- B18 Ears
- B19 Blood
- B20 Lungs
- B21 Nose
- B22 Chin
- B23 Hip/Knee/Pelvis
- B11 Unknown/No Information
- B14 Not Applicable

17. Cause of Injury
- C01 Assault/Aggression
- C02 Bite
- C03 Horseplay
- C04 Maintenance Activity
- C05 Poison/Allergy/Air Quality
- C06 Sports
- C07 Slip/Trip/Fall
- C08 Scald
- C10 Window/Door Accident
- C16 Lab/Shop/House/Economics
- C19 Collision (Body/Object)
- C20 Work Placement
- C21 Classroom Activity
- C22 Classroom Activity
- C23 Working w/ Special Ed
- C24 Medical Condition
- C26 Vehicle Accident
- C27 Lifting/Restraining Student
- C28 Lifting/Moving Object(s)
- C09 Unknown/No Information
- C13 Other (specify below)

18. Location of Incident
- L02 Cafeteria/Lunch
- L03 Classroom
- L05 Field Trip
- L07 Gymnasium/PE
- L08 Hallway/Lobby
- L10 Home Economics
- L11 Laboratory
- L17 Playground
- L15 Shop
- L18 Stars
- L20 Washroom
- L21 Playground
- L23 Driveway/Parking Lot
- L26 School Bus/Stop
- L31 Entrance/Exit Driveway
- L32 Sidewalk/Walkway
- L37 Office/Staff Room
- L39 Auditorium/Stage
- L41 Computer Room
- L43 Library
- L50 Crosswalk/Stree
- L57 Sport (specify bbl)
- L58 Playground
- L21 Other (specify below)

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19. Description of Incident (facts only)
Please tell us what happened, not why it happened. Attach a separate sheet if necessary.
Not to be completed by injured person.

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20. Witnesses (if any)

1. NAME ADDRESS
   PHONE

2. NAME ADDRESS
   PHONE