Board of Cooperative Educational Services
Madison-Oneida Counties
Verona, New York 13478

Student/Staff/Visitor Incident Report
Form #5005 (10/06/11)
Regulation 5021.1

Name:______________________ Date of Birth:______________________

School Building Name:______________________ City/Town:______________________

Date:______________ Day: (Circle) S M T W Th F Sa Time: ________ am/pm

Instructor: ______________________

Location of Incident: Be Specific	School Building and/or Location: ______________________ Classroom: ______________________ Specify Program, Classroom # and Area of Instruction			
Source of Injury:	☐Students Fighting ☐Horseplay ☐Sharp Objects ☐Falling,Flying Objects ☐Physical Ed. Equip	☐Machinery/Equipment ☐Bee Sting/Animal Bite ☐Door/Window, etc ☐Hot Surface ☐Electricity	☐Chemicals/Paint ☐Elements: Snow/Ice/Freezing/Water ☐Vandalism ☐Fire/Smoke/Flame/Flash/Fumes/Dust ☐Structural Failure/ Collapse	☐Falls/Slips ☐Unintentional Act ☐Intentional Act ☐Other: Explain
Nature of Injury:	☐Amputation ☐Asphyxiation ☐Bite ☐Bruise ☐Bump ☐Burn ☐Concussion	☐Contusion ☐Cut ☐Dislocation ☐Foreign Body ☐Fracture ☐Hernia ☐Irritation	☐Laceration ☐Overexerted ☐Overextended ☐Poisoned ☐Punctured ☐Scratch	☐Shock Trauma ☐Sprain/Strain ☐Swollen/Inflamed ☐Unspecified Injury ☐No Injury ☐Other: Explain
Body Part Injured: List body part(s) injured: Be Specific	For body parts that pertain: please indicate: Right (R) Left (L) or Both (B) ______________________ ______________________			

Narrative Description of Incident:______________________
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At Time of Incident:: Witnesses? Yes _____ No _____ Name:______________________Phone: __________
Name:______________________Phone: __________

Name of Supervisor: ______________________ Was he/she present? Yes ____ No ______
Was he/she notified? Yes ____ No______ By Whom? ______________________

Was Medical Transport Required? Yes ______ No ______ By Whom? ______________________
To Where? ______________________ Time: ______________________

Parent/Guardian/Relative Notified? Yes _____ No _____ By Whom? ______________________

First Aid: Yes ______ No ______ Signature of Person Rendering First Aid: ______________________
Describe First Aid Rendered: ______________________
____

______________________ ______________________ ______________________
Person Completing Report *Instructor* *Appropriate Program Administrator*

Copies To:

Student Incidents:
____ Student File
____ Nurse
____ Asst. Supt.

Staff Incidents:
____ Personnel
____ Nurse
____ CBO
____ Asst. Supt.

Visitor/Adult Student Incidents:
____ Nurse
____ CBO
____ Asst. Supt.