

## EMERGENCY INCIDENT REPORT

This form is to be used for reporting all incidents of serious emergency at Century High School. Complete and submit to the Director of Admissions within 24 hours of the incident. Please print clearly. Replicate this form or use additional pages if necessary.

### **Part A. Identification Report**

*To be completed by staff member reporting emergency*

1. VICTIM NAME: <span style="float: right;">ID #</span>	
2. VICTIM NAME: <span style="float: right;">ID #</span>	
3. VICTIM NAME: <span style="float: right;">ID #</span>	
4. VICTIM NAME: <span style="float: right;">ID #</span>	
5. DATE AND TIME OF INCIDENT:	6. LOCATION OF INCIDENT:
7. ANY WITNESS? If yes, print their names.	8. STAFF MEMBER REPORTING
<b>DESCRIPTION OF INCIDENT:</b> <i>(please be factual and specific, i.e. observations, times, locations, actions taken, etc. Use additional sheets if necessary)</i>	

**Part B: Impact Statement**

**Have the victim(s) been treated on site?** Yes / No

If no, where?

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**Has the First Aid Attendant been called in?** Yes / No

If yes, what kind of treatment was given?

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If no, why?

**Have the victim(s) been sent to clinic or hospital?** Yes / No

If yes, who sent the victim(s)?

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Which clinic/hospital? Please specify name and address

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**Have the victim(s)' emergency contact persons been informed?** Yes / No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_