



**Description of the incident**

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**Response to incident**

<b>Response</b>	<b>Time</b>	<b>By Whom</b>
<input type="radio"/> Care and comfort (TLC)		
<input type="radio"/> First Aid		
<input type="radio"/> Restricted School Activity		
<input type="radio"/> Called 911		

**Parent/Guardian Notified**

- At time of incident
- After school day of incident
- Phone Call day of incident
- Email day of incident

**School Insurance Form was provided to Parent/Guardian the day of incident**

- Yes, for parent/guardian to follow through with further medical care
- No, parent declined need of further medical care

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Signature of School Staff Member

\_\_\_\_\_  
Date