



Incident/ Injury Report

To be filled out by the Explorers Director/Leader (One report per person):

Name of Student involved (if other students are named, please leave out last names for privacy purposes): _____

Date and time of incident: _____

Location of the incident: _____

altercation injury behavior issue (please circle)
 kicking hitting biting punching yelling disrespect inappropriate behavior unsafe behavior other

If altercation or behavior issue, has the director gone over their behavior contract after the incident?

Description of the incident/behavior: _____

Student Code of Conduct Violation

Studio Bella Violation

Does this relate to a previous incident? yes no

If behavioral, has this occurred before? yes no

If injury, was ice placed on swelling? yes no

If injury, was wound washed? yes no

If injury to head, was nurse notified yes no

If injury, was bandaid placed? yes no n/a

Immediate action in responding to the emergency: _____

How were parents notified? _____

If parent was not reachable, was the emergency contact notified? _____

Please list party notified _____

Action taken (or required) to prevent such incidents in the future: _____

Witnesses to the incident: _____

Other details _____

Date/time of report _____ Teacher signature _____

Conference

Conference Date/Time _____ Parent Notified email text phone letter sent

Director Signature _____ Date _____

Parent Signature at conference _____ Date _____