



**Dryden Central School District  
Student Incident Report**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Place of occurrence: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Description of incident (how it happened/ what the student was doing):

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Nature of the injury (include part of the body and indicate location (eg, left/right) as needed):

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Treatment/ Action Taken: \_\_\_\_\_ By whom?: \_\_\_\_\_

Parent Notified?: \_\_\_\_\_ yes \_\_\_\_\_ no Time: \_\_\_\_\_ By whom?: \_\_\_\_\_

Student Sent to: \_\_\_\_\_ Doctor/Hospital \_\_\_\_\_ Nurse \_\_\_\_\_ Home

How transported?: \_\_\_\_\_ By whom?: \_\_\_\_\_

Person in charge at time of incident: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Nurse follow-up:

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Completed by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Administration Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Updated 3/2023

\*Send completed form to the Business Office/Jennifer Case