

HOLLISTER SCHOOL DISTRICT STUDENT INCIDENT REPORT

Date: 10/4 2021

School: Ladd Lane

Student Name: _____

Teacher/Grade: Torres/K

Place Incident Occurred: Big playground

Date of Incident: 10-4 2021

Time of Incident: 10:52 am

Circumstances of Incident (per student): was climbing up the slide when another student came down the slide. they collided and fell off, landed with leg behind her. (left)

N/A Sent to office via: stretcher wheelchair walking (accompanied by) mouth slight bleeding

Location of Injury: (circle area)



Description of Injury

puncture wound contusion (bruise) laceration (cut)
joint injury extremity injury abdominal injury head injury
other

Swelling:

None
Mild
Moderate
Severe
Localized
Generalized

Pain:

None
Mild
Moderate
Severe
with Movement
with Weight Bearing
Constant

Bleeding:

None
Mild (mouth)
Moderate
Severe

Skin Color:

Normal
Pale
Blue
Other

First Aid Given:

Cleaned/Bandaged
Ice Applied
Compression/Wrap
Splint/Sling
Elevation

Other 911 called mom/dad (ma) phone

First Aid Given By:

Signature: _____

Staff Supervising at time of Incident: Marisol, Cecy

Signature: Marisol

Parent/Person Notified: mom/dad How: radio Time: 10:40 am

Further action taken: Taken Home by Returned to Class 911/Ambulance Other cal star

Head Injury form given: Yes No

Recommendations/Referrals Made: See MD ER now monitor condition at home

Other

Changes in Condition (after initial assessment): paramedics assessed

Follow-up: Reminder of playground safety w/ all staff 10/5/21

Additional Remarks:

Safety Rules Reviewed Yes No

Principal: [Signature]

(Assistant Principal)

Original—Business Services

Copy—Assistant Superintendent

Copy—School Site

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Revised 2008 HSD

HOLLISTER SCHOOL DISTRICT STUDENT INCIDENT REPORT

Date: 10/04/2021

School: Laddane

Student Name: _____

Teacher/Grade: Torres

Place Incident Occurred: Playground

Date of Incident: 10/04/2021

Time of Incident: 10:32 AM

Circumstances of Incident (per student): was climbing off slide when another student came down slide + fall off land + w/ leg behind (left) collided mouth slide bleed: A

Sent to office via: stretcher ☐ wheelchair ☐ walking (accompanied by Parent)

Location of Injury: (circle area)



Description of Injury

☐ puncture wound ☐ contusion (bruise) ☐ laceration (cut)
☐ joint injury ☒ extremity injury ☐ abdominal injury ☐ head injury
☐ other _____

Swelling:	Pain:	Bleeding:	Skin Color:
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Normal
<input type="checkbox"/> Mild	<input type="checkbox"/> Mild	<input checked="" type="checkbox"/> Mild mouth	<input checked="" type="checkbox"/> Pale
<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Blue
<input type="checkbox"/> Severe	<input checked="" type="checkbox"/> Severe	<input type="checkbox"/> Severe	<input type="checkbox"/> Other _____
<input type="checkbox"/> Localized	<input type="checkbox"/> with Movement		
<input type="checkbox"/> Generalized	<input type="checkbox"/> with Weight Bearing		
	<input type="checkbox"/> Constant		

First Aid Given:

☐ Cleaned/Bandaged
☒ Ice Applied
☐ Compression/Wrap
☐ Splint/Sling
☐ Elevation
☒ Other 911 Call

First Aid Given By: Cecy/Principal
Signature: _____

Staff Supervising at time of Incident: vice-principal
Signature: _____

Parent/Person Notified: MOM/DAD How: Phone Time: 10:40 am

Further action taken: 911 Taken Home by _____ Time: _____

☐ Returned to Class ☐ 911/Ambulance ☒ Other Cal Star

Head Injury form given: ☐ Yes ☒ No

Recommendations/Referrals Made: ☐ See MD ☒ ER now ☐ monitor condition at home
☐ Other _____

Changes in Condition (after initial assessment): paramedic assisted

Follow-up: Reminder of playground safety w/ all staff 10/5/21

Additional Remarks:

☐ Safety Rules Reviewed ☒ yes ☐ no

Principal: [Signature] (Assistant Principal)

Original—Business Services

Copy—Assistant Superintendent

Copy—School Site

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