

STUDENT INCIDENT REPORT
Risk Management Department
Lincoln Public Schools

Phone: 402-436-1767
Fax: 402-458-3276

The report should be completed and mailed within 48 hours after the incident.
Please provide as much information as possible. Serious injuries should be reported by phone (436-1759).

STUDENT INFORMATION

School: _____ Date of Birth: _____ Grade: _____ Sex: ☐ M ☐ F
Name of Student: _____
Address of Student: _____ Home Phone: _____
(Street, City, State, Zip)
Name of Parent/Guardian: _____ Work Phone: _____
Denote: ☐ Mother ☐ Father ☐ Guardian

INCIDENT INFORMATION

Location: _____ Date: _____ Time: _____ ☐ a.m. ☐ p.m.
(Be specific, i.e., room number, location on playground, etc.)

Specific description of incident: _____
(get details from student if not witnessed)
(use reverse side if necessary) _____

Describe Injury:

Equipment involved (if applicable): _____
Activity involved in at time of incident: _____
Person in charge at time of incident: _____ Capacity: _____

WITNESS TO INCIDENT

Name: _____ Home phone: _____ Work phone: _____
Address: _____

Was first aid provided? ☐ Yes ☐ No Was 911 called? ☐ Yes ☐ No
Was parent/guardian notified of incident? ☐ Yes ☐ No If yes, Name: _____
Date notified: _____ Phone number: _____ Who notified parent/guardian? _____
Did student remain in school? ☐ Yes ☐ No
Did student receive medical attention away from building? ☐ Yes ☐ No If yes, where? _____
when? _____
Did student return to school? ☐ Yes ☐ No If yes, date returned. _____
Other relevant information: _____

PRINT, SIGN AND SEND COPY TO BOX 14, LPSDO

Signature of person in charge of student at time of incident: _____ Date: _____
Signature of principal: _____ Date: _____
Signature of nurse/health technician: _____ Date: _____

Specific description of incident (continued):

[illegible]