

**STANDARD STUDENT INCIDENT REPORT**  
**University School at TU**  
**800 South Tucker Drive Tulsa, OK 74104**

Student name:		Class:	
Classroom Teacher			
Date Incident Occurred:		Exact Time:	
Nature of Incident:			
Injuries (if any):			
Where did incident occur?		List other people involved.	
Person responsible for supervision:			
Description (Give a good picture of the incident. Explain who, what, when, why, and how.)			
Witnesses and comments:			
Name _____			
USchool Staff Member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:			
Name _____			
USchool Staff Member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:			

Action(s) Taken: (Check all that apply)

\_\_\_ Provided First Aid                      What/When \_\_\_\_\_

\_\_\_ Placed call to 911                      Person placing call \_\_\_\_\_

\_\_\_ Took to hospital                      By whom \_\_\_\_\_

\_\_\_ Notified Parent/Guardian              Who/When \_\_\_\_\_

\_\_\_ Notified School Admin.              Who/When \_\_\_\_\_

\_\_\_ Notified Authorities                      Who/When \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

Additional information or notes about action(s) taken:

Date of report:

Report prepared by: (signature and title)

Director's Signature:

Patricia Hollingsworth