Incident Report

MALONE CENTRAL SCHOOL

Student Name _____ **DOB:** _____ **Date of Incident:** ___/___/___
Staff Completing Form:_____

Justification for initiating an Emergency Intervention: (check all that apply)

- ☐ To protect the student from imminent or serious physical harm
- ☐ To protect other staff/students from imminent or serious physical harm

Location of the Emergency Intervention:_____
Description of Incident: USE OTHER SIDE OF FORM!

Time of Intervention_____:_____ **Time Intervention ended** ___:___

Emergency Intervention: 1= TCI Standing, **2=**TCI Seated, **3=**TCI Small Child, **4=** TCI Supine,

Type:_____ Start:_____ End: _____ Staff Involved:_____

Type:_____ Start:_____ End: _____ Staff Involved:_____

Type:_____ Start:_____ End: _____ Staff Involved:_____

Type:_____ Start:_____ End: _____ Staff Involved:_____

Type:_____ Start:_____ End: _____ Staff Involved:_____

Nurse's Report	Medical check of student/Details of any injuries to student or others:
Accident Report Filed ☐Y ☐N	
Documentation reviewed by nurse or other medical personnel. **Nurse's Signature:** **Date/Time:**	

Parent/Guardian Notification (required for all emergency interventions)

Name of Parent/Guardian Contacted:_____ Date/Time:_____
Was all information on the incident/behavior report given? ☐Yes ☐No
If no verbal contact, letter sent home same day? ☐Yes

Contacted by:_____ Signature:_____

Staff Debrief

Date: ____/_____/_____ Time: _____:_____
Staff Involved:

*Administrator Review/Signature:_____ Date:_____

Description of Incident: