



Philomath School District 17J

Benton County School District No. 17J
1620 Applegate Street Philomath OR 97370 (541) 929-3169

Student Involved Injury Report

Instructions:

Complete this form as soon as possible after an incident where you have sustained an injury from a student. Once completed, submit this report to **School Administration, Human Resources, and the Student Services Office** for proper documentation and follow-up. Please provide as much detail as possible.

1. Staff Information

- **Full Name:** _____
- **Position/Title:** _____
- **School/Location:** _____
- **Date of Report:** _____

2. Incident Information

- **Date of Incident:** _____
- **Time of Incident:** _____ AM / PM
- **Location of Incident:** _____

3. Student Involved

- **Student Name:** _____
- **Grade/Program:** _____

4. Description of the Incident

- **Type of Injury** (Check all that apply):
 - Biting
 - Kicking
 - Hitting
 - Pushing
 - Scratching
 - Other (Please specify): _____
- **Brief Description of the Incident:**

(Include what led up to the incident, what occurred, and any interventions that were attempted.)

- **Was medical attention required?**
 Yes - Please complete the **SAIF 801 Form**)
 No
If **Yes**, describe the medical treatment:

5. Witnesses

- **Were there any witnesses?**
 Yes No
If **Yes**, please list the names and roles of any witnesses:

6. Follow-Up

- **Were parents/guardians notified?**
 Yes No
If **Yes**, by whom and when:

- **Was the student removed from the classroom/area?**
 Yes No
If **Yes**, where was the student taken?

- **Any additional follow-up required?**
 Yes No
If **Yes**, describe:

7. Signature

- **Staff Member Signature:** _____ **Date:** _____
- **Administrator Signature:** _____ **Date:** _____

Please ensure this completed report is submitted to the following offices:

- **School Administration**
- **Human Resources: Megan.Caputo@philomath.k12.or.us**
- **Student Services Office: Heather.Stueve@philomath.k12.or.us**