ALAQSITE'W GITPU SCHOOL

INCIDENT REPORT FORM

Listuguj Education Directorate
1 Riverside West Listuguj, Qc G0C 2R0
Phone: 418-788-2248 Fax: 418-788-5980

Alaqste'w Gitpu School
22 Caplin Road, Listuguj, Qc G02 2R0
Phone: 418-788-3100 Fax: 418-788-5980

Incident Report - Student

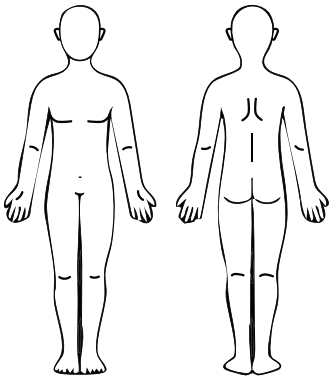
Consult the student's Permission to Administer Medication Form if necessary. Refer to the student's behaviour chart and the AGS Behaviour Discipline Policy if the incident involved social & physical interactions between students and individuals.

Name of Person Completing Form: _____

DATE: _____

Name of the Injured:_____ CLASS/GRADE:_____

INJURY DIAGRAM:



L / R Face	L / R Nose	L / R Eye	L / R Ear
L / R Teeth	L / R Neck	L / R Shoulder	L / R Upper Arm
L / R Elbow	L / R Forearm	L / R Wrist	L / R Hand
L / R Finger	L / R Chest	L / R Abdomen	L / R Back
L / R Buttocks	L / R Thigh	L / R Knee	L / R Lower Back
L / R Ankle	L / R Foot	L / R Head	L / R Lower Leg

**Circle on the diagram where the injury is on the body*

Location & Time of Injury: Where & When in the school did the incident happen?

Description of the activity at the time of the incident. How did the incident occur?

Nature of Injury:

☐	Accidental	☐	Laceration	☐	Concussion / Head injury	☐	Sprain/Strain	☐	Burn
☐	Choking	☐	Abrasion	☐	Medical condition / Illness	☐	Fracture	☐	Chemical Exposure
☐	Teeth	☐	Eye injury	☐	Hit by foreign object	☐	Swelling	☐	Electrical Injury
☐	Bite	☐	Confusion	☐	Struck stationary object	☐	Slip / Trip / Fall	☐	Animal bite/sting
☐	Nosebleed	☐	Horseplay	☐	Dislocation/Separation	☐	Fall from elevated surface	☐	other

Action Taken & Description of treatment that was provided and by who:

☐ Ambulance ☐ First aid ☐ Parent(s) have been contacted ☐ Taken home ☐ Taken to hospital

Name(s) of witness, providers, drivers: _____

_____
Date

_____
Signature of Parent/Guardian

Admin Use Only

Date:_____

Receveid by:_____

From Digital Form ☐