



Snoqualmie Valley

Public Schools

8001 Silva Avenue SE*P.O. Box 400, Snoqualmie, WA 98065*Phone 425-831-8000*Fax425-831-8040

STUDENT INCIDENT REPORT BODY FLUID EXPOSURE

SCHOOL: _____ STUDENT'S NAME: _____

GRADE: _____ AGE: _____ SEX: _____

NAME OF PARENT/GUARDIAN: _____ PHONE: _____

STUDENT'S HOME ADDRESS: _____

DATE OF INCIDENT: _____ TIME: _____ AM/PM

DESCRIBE ROUTES (eye, mouth, other mucous membrane, or break in skin) OF EXPOSURE AND CIRCUMSTANCES UNDER WHICH EXPOSURE INCIDENT OCCURRED: _

PERSON IN CHARGE _____ PRESENT AT SCENE? _____
WHEN INCIDENT OCCURRED: NAME/TITLE

1. WITNESS: _____ PHONE: _____

2. WITNESS: _____ PHONE: _____

IMMEDIATE ACTION TAKEN: _____

FIRST AID GIVEN BY: _____

DESCRIBE AID GIVEN: _____

SENT TO SCHOOL NURSE SENT HOME CALLED 911 SENT TO HOSPITAL/DR

PERSON NOTIFIED: _____ PHONE: _____

MOTHER FATHER GUARDIAN OTHER TIME: _____

TO BE COMPLETED BY PRINCIPAL

PARENTAL CONSENT FOR RELEASE OF NAME AND PHONE NUMBER: YES NO

PARENT/GUARDIAN: _____ PHONE: _____

OTHER STUDENT INVOLVED IN INCIDENT: _____

PRINCIPAL'S SIGNATURE: _____ DATE: _____