

INCIDENT REPORT - TO STUDENT/VISITOR/VOLUNTEER

JASPER ROAD PUBLIC SCHOOL P&C ASSOCIATION

EVENT TYPE: DATE:.....

(Incident involving) Full Name:

(Please circle) VOLUNTEER / VISITOR / STUDENT

Name(s) of P&C Reporter/Recorders(s):

Position(s) of P&C Reporter/Recorders(s):

CHECKLIST

Please circle appropriate option:

1. Were parents/carers/suitable contact for visitor notified of the Incident? Y/N/ N/A
2. Was First Aid provided? Y/N/ N/A
3. Was the injured party kept under observation for a reasonable period? Y/N/ N/A
4. Has further medical attention has been obtained? Y/N/ N/A
5. Has an Incident report been completed? Y/N/ N/A
6. Has a report been obtained from the person involved? Y/N/ N/A
7. Has a report been obtained from any adult witnesses? Y/N/ N/A
8. Has a report been obtained from any student witnesses (if appropriate)? Y/N/ N/A
9. Have contact details been obtained from all witnesses? Y/N/ N/A
10. Have the following documents been digitized and retained on file if relevant to the Incident? Y/N/ N/A

Please check off the box to the right to ensure all documents have been retained/completed:

- ☐ Incident Report (this document)
- ☐ Volunteer Safety Briefing provided
- ☐ Volunteer List
- ☐ Supervision Roster
- ☐ Correspondence in Relation to Incident
- ☐ Current Health & Safety Policy

I certify that the appropriate steps have been taken to follow and record the JRPS P&C's Work, Health & Safety Policy reporting requirements as outlined in this form.

.....
Signed

.....
Date

.....
Position

For use of the P&C's legal advisers in anticipation of legal proceedings

Privacy Notice The information provided on this form is being obtained for the purpose of ascertaining the details of the incident. It will be used by the Jasper Road P&C Association for the purpose of obtaining legal advice as to any liability it may have arising out of the incident, and for use in the course of any litigation that may eventuate. This information will be stored securely. You may correct any personal information provided at this time by contacting the Jasper Road P&C Association.

PERSONAL DETAILS OF INVOLVED STUDENT/VISITOR/VOLUNTEER

Full Name:

Age: Date of Birth:

Name(s) of Parent(s)/Carer(s):

Address:

..... Postcode:

Contact telephone number:

INCIDENT DETAILS

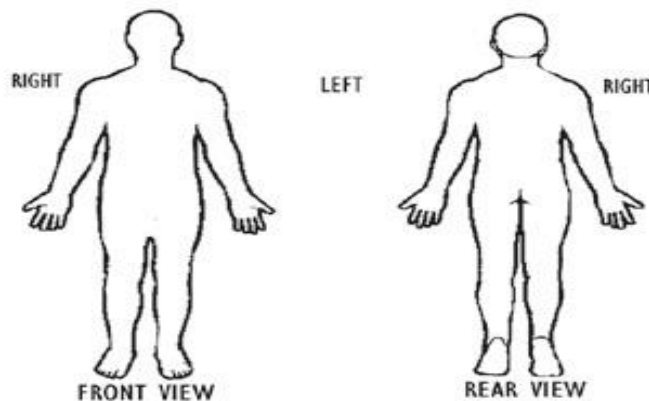
Date of injury: Day of Week: Time: am/pm

Location of Incident:

Describe the injuries sustained by the student/visitor:

.....

.....



State exactly what happened

.....

.....

Was first aid given by P&C? Y/N Was further medical attention needed Y/N

Name of doctor/hospital:

On whose authority? (please circle) SELF / TEACHER / PARENT

Subsequent treatment (if known)

Name of person completing this report

Serial number (if appropriate)

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**STATEMENT BY INCIDENT INVOLVED PERSON/VICTIM
(STUDENT/VISITOR/VOLUNTEER)**

Date of incident

VICTIM DETAILS

Full Name of Incident Victim:

Age: Date of birth

Address:

..... Postcode:

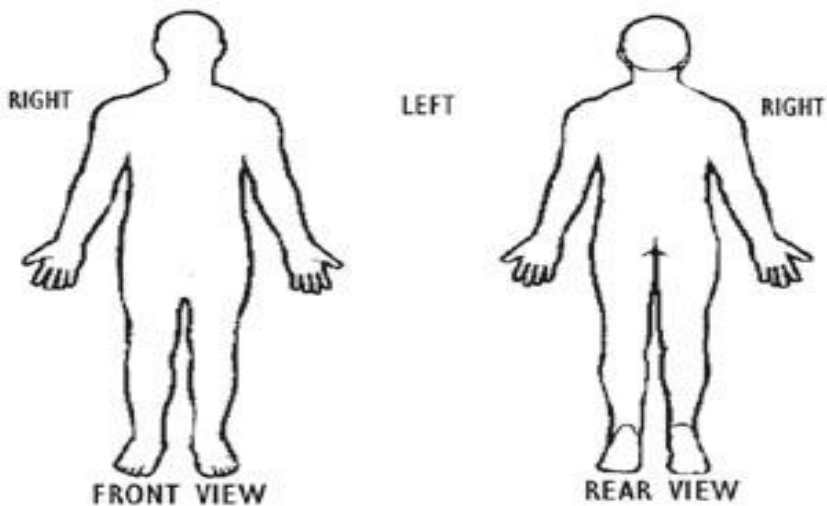
Please write in your own words what happened:

This image shows a full page of white paper with horizontal dotted lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting or typing. There are no margins, text, or other markings on the page.

Please draw a sketch to accompany your statement (over page).

This may be a sketch of the classroom, playground or other location where the incident occurred. Your location should be marked with an X and the location of the person who had the incident should be marked with a Y

What were the injuries/suspected injuries?



Signature:

Date:

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ADULT WITNESS TO STUDENT/VISITOR/VOLUNTEER INCIDENT

WITNESS DETAILS

Full Name:	Serial No (if staff):
Contact telephone number	
Address:	
.....	Postcode:

1. When did the incident occur?

.....

.....

2. Where did the incident occur?

.....

.....

3. What activity was the student / visitor / volunteer engaged in? (e.g., Playing basketball, running to class, cooking BBQ, cutting food)

.....

.....

4. How did the injury/injuries occur? (Be sure to mention any article, or aspect of the environment which was involved, e.g. struck by baseball, slipped on wet path)

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.....

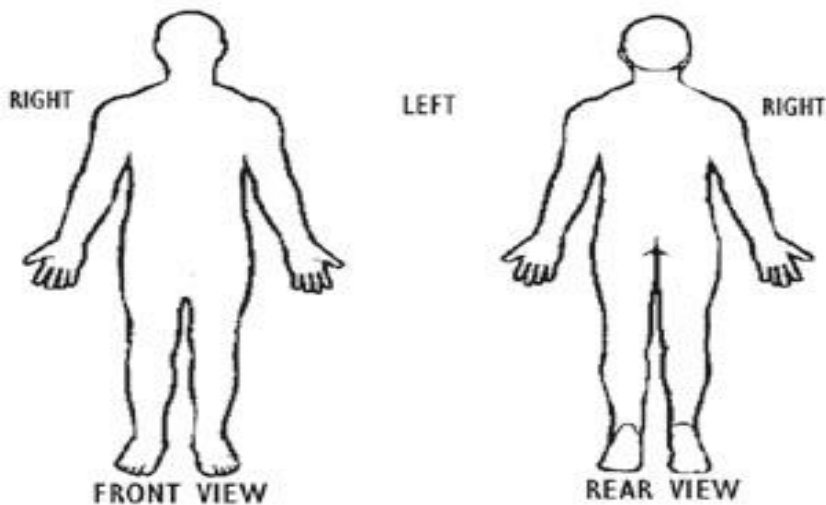
.....

5. What were the injuries/suspected injuries?

.....

.....

.....



6. What treatment for the injury/injuries (if any) was provided at the place where the incident occurred?

.....

7. Who was the student or visitor first referred to?

.....

8. Who was present when the incident occurred?

.....

9. Name and serial number of staff/P&C member(s) responsible for supervising at the time of the incident

.....

10. If you witnessed the incident please sketch the incident scene (marking your location, the location of the student or visitor injured, any buildings or other students present, any other landmarks) in the box below

Signature:

Date:

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STUDENT WITNESS TO STUDENT/VISITOR/VOLUNTEER INCIDENT

Name of school

Name of injured student or visitor

Date of incident

WITNESS DETAILS

Full Name of student witness:

Age: Date of birth

Address:

..... Postcode:

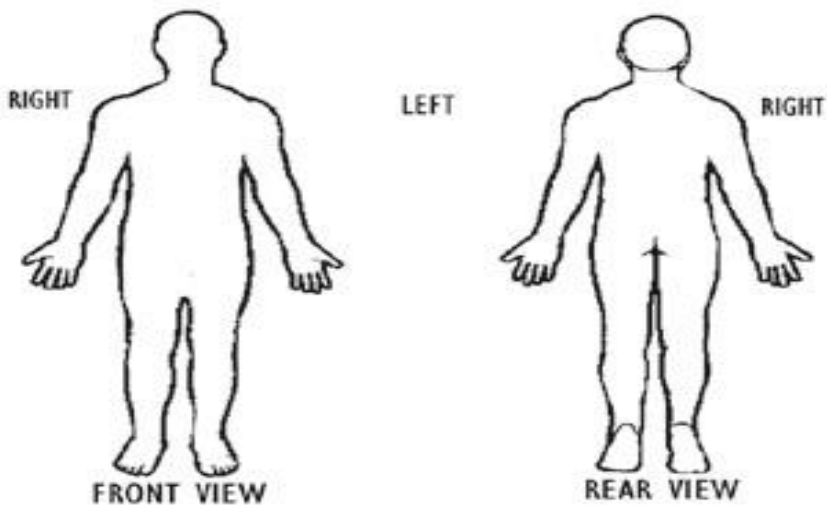
Please write in your own words what you saw or heard in respect of the incident:

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Please draw a sketch to accompany your statement (next page).

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What were the injuries/suspected injuries?



Signature:

Date:

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