

HAWTHORN SCHOOL DISTRICT 73

841 West End Court, Vernon Hills, Illinois 60061
(847) 990-4200 Fax (847) 367-3290

MEDICAL INCIDENT REPORT REGARDING USE OF PHYSICAL RESTRAINT

Student: _____ School of Attendance: _____ Grade: _____

DOB: _____ Male _____ Female _____

Nurse's Action:

Time Assessed: _____

Objective (if appropriate): BP _____ Temp: _____ Resp: _____

Nature of injury and affected body sites/physical findings (use body diagram on reverse of this page, if necessary):

Immediate Treatment: _____

Given by: _____ **Title:** _____

Person Notified: _____ **Relation to student:** _____

Recommendations: _____

Actions Taken: _____

Person completing report: _____

School Nurse's Signature _____ **Date:** _____

Principal's Signature: _____ **Date:** _____

