

ORENDA CHARTER SCHOOL

Serious Incident Report

2951 Williams Drive

Georgetown, TX 78628

P: 512.869.3020 F: 512.869.3030

Date of Incident	Time of Incident	Student or Staff Name	Sex	DOB	Enroll Date
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Campus Name and Address

Type of Incident

- | | |
|---|--|
| <input type="checkbox"/> * √ Death
<input type="checkbox"/> * √ Critical Injury/Illness (Treatment by MD)
<input type="checkbox"/> * √ Abuse Allegation
<input type="checkbox"/> * √ Suicidal Gesture/Threat
<input type="checkbox"/> * √ Student Indicted, Charged or Arrested
<input type="checkbox"/> * √ Elopment
<input type="checkbox"/> * √ Suicide Attempt | <input type="checkbox"/> * √ Sexual Abuse Allegation
<input type="checkbox"/> Self Abusive Behaviors (minor injury)
<input type="checkbox"/> Contraband
<input type="checkbox"/> √ Allegation of Employee Drug Use
<input type="checkbox"/> √ Employee Indicted, Charged/Arrested
<input type="checkbox"/> Employee Injury
<input type="checkbox"/> Other _____ |
|---|--|

* **Parent/Guardian Notification Required**

√ **Regulatory Notification Required**

Description of the Incident:

Name & Title of All Staff Involved	Staff Signatures
Name Title	Prepared By Date
Name Title	Witness Signature Date
Name Title	Principal Date

Supervisor's Signatures	Notifications
Facility Liaison Date	<input type="checkbox"/> Facility Liaison Notified Date
Director of School Oper: Date	<input type="checkbox"/> Physician/Nurse Notified Date
Superintendent Date	<input type="checkbox"/> Administration Notified Date
Risk Manager Date	<input type="checkbox"/> Parent/Guardian Notified Date

For Risk Manager's Use Only		
Agency Contacted	Date Notified: _____	Conf. # _____
DSHS _____	Date Notified: _____	Conf. # _____
TDFPS _____		