



VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

CONFIDENTIAL STUDENT ACCIDENT REPORT PROCEDURES

- ❖ Within 24 hours of occurrence, complete the accident report out completely, giving as much information as possible.
- ❖ The form should be filled out by the employee in charge, with assistance from office staff.
- ❖ **All 911- EMS injuries transported from school/away games/practices/etc. Employee in charge or office staff must inform Risk Management immediately. Provide your name, site, student's name, injury status, location injury occurred.**
- ❖ All 911- EMS injuries, Student Accident Report and all other statements, site documents, pictures, etc., must be scanned and emailed to Risk Management. If you do not have access to a scanner/copier, please see someone that does. Originals are to be sent to Risk Management.
- ❖ Extra-curricular/ athletics injuries 911-EMS transport only- must send copies of all Athletics Injury/Incident Reports, statements, etc., to Risk Management a.s.a.p.
- ❖ All injured students that do not return to class, Student Accident Report and all other statements, site documents, pictures, etc., must be scanned and emailed to Risk Management a.s.a.p. If you do not have access to a scanner/copier, please see someone that does. Originals are to be sent to Risk Management.
- ❖ Original forms and all back up for those students that do not require EMS or parent release are to be kept at site in locked drawers
- ❖ Any forms currently being used may be submitted along with the Student Accident Report, however for consistency, this form must be used.
- ❖ Confidential Student Accident Report forms should be readily available to all staff, after school activities, practices, etc.
- ❖ This form is confidential, do not distribute unless pre-approved by Risk Management.



CONFIDENTIAL- ATTORNEY/CLIENT WORK PRODUCT PRIVILEGE. This report is to be completed by school district employees. This form is a confidential, internal document. The contents are not to be shared with any persons who are not school district employees and/or their legal representatives.

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CONFIDENTIAL STUDENT ACCIDENT REPORT

SUBMIT ORIGINAL TO RISK MANAGEMENT

In cases of 911-EMS students transported via ambulance, a report is to be made IMMEDIATELY to Risk Management.

To be filled out by employee in charge within 24 hours

School _____ School Address _____

Name of Injured Student _____

Home Address _____

Home Phone # _____ Age _____ Grade _____ Name of Parent/Guardian _____

Specific Location of Accident _____ Date of Injury _____ Approx. Time _____

Nature of Injury & Student's Condition _____ Part of Body Injured _____

Action Taken- First Aid by whom _____ School Nurse Primary Care Physician No Treatment

EMS Called Yes No EMS Transport Yes No If yes, to where _____

If EMS is called- a report is made to the Risk Management Department ASAP.

Person Notified Mother Father Other _____ By whom _____

Leaving Campus (parent release etc.- Send to Risk Management Returned to Class -do not send form to Risk Management

Employee in Charge at Time of Accident _____ Employee Present Yes No

Employee Statement-Use facts only: (for further details use back of page or statement continuation page)

Violation of School Rules Yes No

Witness Present at Time of Accident

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Report Prepared by _____ Position _____ Date _____

Principal's Signature _____ Date _____



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****SUBMIT ORIGINAL TO RISK MANAGEMENT****

Statement by Injured Student

Name of All Individuals Involved _____

Student Statement-Describe in Detailed Facts (for further details use back of page or statement page)

Student Signature _____ Date _____



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Additional Statement Regarding Injured Student

Name _____ Date _____

Name of Injured Student _____

Teacher/Staff/Coach/Witness Injured Student

Signature _____ Date _____