

# MERCED UNION HIGH SCHOOL DISTRICT

## TO BE COMPLETED IMMEDIATELY

THE SCHOOL EMPLOYEE WHO EITHER WITNESSES THE STUDENT INJURY OR IS SUPERVISING THE STUDENT AT THE TIME OF INJURY SHOULD COMPLETE THIS FORM, IF POSSIBLE. THE REPORT SHOULD BE SUBMITTED IMMEDIATELY TO THE PRINCIPAL'S OFFICE. SHOULD OTHER PERTINENT FACTS DEVELOP, NOTIFY THE PRINCIPAL'S OFFICE BY MEANS OF A SUPPLEMENTAL REPORT. SEND COPY TO BUSINESS OFFICE.

## STUDENT ACCIDENT REPORT

THE REPORT IS FOR THE CONFIDENTIAL USE OF INDUSTRIAL INDEMNITY COMPANY AND OF ATTORNEY'S FOR THE SCHOOL DISTRICT AND ITS EMPLOYEES IN DEFENDING LITIGATION.

<b>SCHOOL DISTRICT</b> Merced Union High School		<b>SCHOOL</b>	
<b>SCHOOL ADDRESS</b>		<b>PHONE NO.</b>	
<b>STUDENT'S NAME</b>		<b>AGE</b>	<b>GRADE</b>
<b>HOME ADDRESS</b>		<b>PHONE NO.</b>	
<b>WHERE DID ACCIDENT OCCUR?</b>		<b>DATE</b>	<b>TIME</b>
<b>HOW DID ACCIDENT OCCUR?</b>			
<b>NATURE OF INJURY</b>			
<b>FIRST AID APPLIED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>BY WHOM?</b>	
		<b>Disposition of injured student (Return to class, home, doctor, hospital)</b>	
<b>Does injured student have school accident insurance coverage?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>NAME OF INSURANCE COMPANY</b>	
<b>WAS ANY SCHOOL RULE VIOLATED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>IF SO, EXPLAIN. COMMENT ON SUPERVISION</b>	
<b>WITNESSES PRESENT AT TIME OF ACCIDENT</b>			
<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE NO.</b>	
<b>Have parents contacted school? If yes explain below.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Were parents contacted by school? If Yes, Explain below.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Were parents or student told they would be contacted again? Explain Below.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	

REPORT SUBMITTED BY	POSITION	DATE	PRINCIPAL OR DESIGNATE	DATE
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**PRINCIPAL: FORWARD A COPY OF THIS REPORT TO THE DISTRICT BUSINESS OFFICE.**