

SANTA CLARA UNIFIED SCHOOL DISTRICT  
PUPIL ACCIDENT REPORT

1. School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade/Room \_\_\_\_\_
2. Name of Pupil \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_
3. Home Address \_\_\_\_\_ City \_\_\_\_\_
4. Name of Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_
5. Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m.  
Location of accident \_\_\_\_\_
6. How did it happen? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Describe injury (part of body, extent of injury, and general condition of pupil)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What first aid care was given? \_\_\_\_\_  
\_\_\_\_\_  
Where? \_\_\_\_\_  
By whom? \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m.
9. How did pupil leave place of accident? \_\_\_\_\_
10. Name of person notified regarding accident \_\_\_\_\_  
(Name) (Relationship to pupil)
11. What recommendations were made for care of injury? \_\_\_\_\_  
\_\_\_\_\_  
To whom? \_\_\_\_\_ By whom? \_\_\_\_\_
12. Name of pupil's regular physician \_\_\_\_\_
13. Did pupil see physician? \_\_\_\_\_ When? \_\_\_\_\_  
(If so, Name) (In person/by phone)  
Diagnosis \_\_\_\_\_  
Treatment \_\_\_\_\_  
\_\_\_\_\_
14. Witness to accident \_\_\_\_\_ Address \_\_\_\_\_  
(If not affiliated with above school)
15. Total number of days lost from school \_\_\_\_\_

\_\_\_\_\_  
(Signature of teacher on duty when accident occurred)

\_\_\_\_\_  
(Signature of Principal or Vice Principal)

Report completed by \_\_\_\_\_ Date \_\_\_\_\_