CONFIDENTIAL
(For District Use Only)

STUDENT ACCIDENT REPORT

Note: The school employee **either witnessing the accident or supervising at the time** should complete and submit this form within 24 hours.
IN CASE OF SERIOUS INJURIES A TELEPHONE REPORT IS TO BE MADE IMMEDIATELY TO THE OFFICE OF RISK MANAGEMENT, 682-8000, Ext. 4002.

1. School _____

2. Injured's name _____ Age _____ Grade _____

   Address _____ City _____ Zip _____ Phone _____

3. Date of accident _____, 20_____ Time of accident _____ ☐ a.m. ☐ p.m.

4. Location on site of accident _____

5. Describe how accident occurred *in detail* (required)

   _____

   _____

   _____

   _____

6. Who was in charge at the time of the accident? (employee's name) _____

   Address _____ City _____ Zip _____ Phone _____

7. Was he/she present at that time? ☐ Yes ☐ No   8. Did the injured violate any school rules? ☐ Yes ☐ No

   If yes, explain _____

   _____

9. Witness(es) name _____ Address _____

   City _____ Zip _____ Phone _____

   Witness(es) name _____ Address _____

   City _____ Zip _____ Phone _____

10. **Apparent nature of injury:**   **Part of body injured:**

    ☐ Abrasion   ☐ Fracture   ☐ Stain/Sprain   ☐ Head   ☐ Finger   ☐ Arm   ☐ Abdomen

    ☐ Contusion   ☐ Cut   ☐ Dislocation   ☐ Neck   ☐ Eye   ☐ Leg   ☐ Hand

    ☐ Internal   ☐ Concussion ☐ Teeth (Broken)   ☐ Back   ☐ Chest   ☐ Face   ☐ Foot

    Other (explain) _____

11. First aid procedures used _____ by whom? _____

12. Disposition of injured after accident _____ Class _____ Home _____ Doctor _____ Hospital _____

13. Who was notified? _____ Relationship to injured? _____

14. If injured student left school, to whom released? _____ Relationship to injured? _____

15. Does injured student have medical insurance? ☐ Yes ☐ No   If yes, who is the provider: ☐ Kaiser ☐ Blue Cross ☐ Other

16. Does injured student have dental insurance? ☐ Yes ☐ No   If yes, who is the provider: ☐ Delta Dental ☐ Other

17. Did parent/guardian contact the school after the accident? ☐ Yes ☐ No   If yes, who? _____

18. Comments made by parent/guardian _____

19. Date student returned to school _____

20. Additional comments _____

21. Report completed by (employee's name) _____ Title _____

22. Site administrator's signature _____ Date _____