



FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT

REPORT OF STUDENT ACCIDENT

INSTRUCTIONS: Complete form and submit original to **BUSINESS SERVICES** as soon as possible after injury occurs. **This form is for Management information ONLY. It MAY NOT be distributed to parent, guardian, or representative of the injured student.**

(Please write legibly – NOT to be completed by student)

Student Name: _____ Age: _____ Birthdate: ____/____/____
Last First Middle

School of Attendance: _____ Grade: _____ Male Female

Parent/Guardian Contact Information: Home/Cell: _____ Work: _____

Parent/Guardian Contacted? Yes No By Whom? _____ Time: _____ a.m. p.m.

Name of Parent/Guardian Contacted: _____ Head Injury Letter sent home

Date of Accident: ____/____/____ Time of Accident: _____ a.m. p.m.

Location of Accident: (room no., playground, field, etc.) _____

Nature of Injury: (cut, bruise, fell, etc.) _____

Body Part(s) Involved: _____

Injured student statement: _____

Describe details of accident (Be specific, use reverse side or additional page if necessary.)

Where was the student moved after the injury and how? _____

First Aid Rendered: _____

How did student leave area after first aid was rendered? _____

Time student left after first aid rendered: _____ a.m./p.m.

Was student advised to see a physician? (Parent Decision) YES NO By Whom? _____

Diagnosis/Outcome (if known): _____

Name of teacher/supervisor/coach on duty at place of accident: _____

Witness to Accident – Adult Name(s): _____

Witness to Accident – Student Name(s): _____

(Obtain written statement from witnesses for serious accidents)

Reporting Person (Name & Title): _____ Date: ____/____/____

Administrator (Name & Title): _____ Date: ____/____/____

(Signature)

SEND COMPLETED FORM TO BUSINESS SERVICES