

TRACY UNIFIED SCHOOL DISTRICT
CONFIDENTIAL INVESTIGATIVE REPORT
24 25 STUDENT INJURY REPORT FORM

THE INFORMATION IN THE STUDENT INJURY REPORT IS DEEMED CONFIDENTIAL AND MUST NOT BE RELEASED TO ANY PERSON. THE REPORT IS CONFIDENTIAL FOR THE TRANSMISSION TO ATTORNEYS FOR THE DISTRICT IN THE EVENT LITIGATION ARISES OUT OF THIS INCIDENT.

(Internal Document Only)

The school employee witnessing the incident, or supervising at the time, will complete and submit this form for the principal's signature. *This form is to be completed within 24 hours after the incident.* Principal immediately forwards to the Business Services Office. **THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.** Please email document to Michelle Daniel (mdaniel@tusd.net) or send via fax 209-830-3239.

School Name: _____ Phone: _____
Injured's Name: _____ DOB: _____ Grade: _____
Injured's Address: _____ Phone: _____
Parent/Guardian Name: _____
Date of Incident: _____ Time: _____
Nature of Injury: _____ Cut _____ Bruise _____ Bump _____ Fracture _____ Other*

*Explain:

Exact Location of accident – describe specific location in case a safety inspection is necessary:

Brief description of accident – please be as specific as possible:

WITNESSES

Name: _____ Address & Phone No.: _____

First Aid given (e.g., ice, bandage, 911, etc.) – Indicate if first aid was administered by a nurse or district employee:

Student was sent: _____ **class** _____ **home** _____ **hospital** _____ **office** _____ **other***

*Explain:

Report completed by: _____ Date: _____

Approved by: _____ Date: _____
(Principal's Signature)