TRACY UNIFIED SCHOOL DISTRICT
C O N F ID EN T I AL INVESTIGATIVE REPORT
26-27 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 studentinjuryreports@tusd.net. If you have any questions please contact Erin Quintana at equintana@tusd.net.**

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)

rev: 11/26 EQ