

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:

- Abrasion Fracture Stain/Sprain
- Contusion Cut Dislocation
- Internal Concussion Teeth (Broken)

Part of body injured:

- Head Finger Arm Abdomen
- Neck Eye Leg Hand
- 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 _____