



# STUDENT ACCIDENT REPORT

**Confidential / Private Pupil Record: CA Education Code 49076; 20 U.S.C. 1232g (FERPA)**

DISTRICT:	SCHOOL:
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STUDENT:	AGE:	GRADE:	HOME ADDRESS:	PHONE:
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DATE OF INJURY:	TIME OF INJURY:	DID INJURY RESULT FROM VIOLENCE OR AGGRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS FIRST AID GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DESCRIBE FIRST AID PROVIDED:

IS STUDENT COVERED BY INSURANCE:  YES  NO BY WHOM:

WAS THERE A VIOLATION OF A SCHOOL RULE BY THIS STUDENT OR ANYONE ELSE?  YES  NO EXPLAIN:

WHO ELSE WAS INVOLVED BESIDES STUDENT:  ANOTHER STUDENT  OUTSIDE PERSON  UNKNOWN  NO ONE

WITNESSES (ADDRESSES AND PHONE NUMBERS IF AVAILABLE):

EMPLOYEE IN CHARGE (ADDRESSES AND PHONE NUMBERS IF AVAILABLE):

<p><b>INJURY LOCATION</b></p> <input type="checkbox"/> ATHLETIC FIELD/ COURTS <input type="checkbox"/> PARKING LOT <input type="checkbox"/> AUDITORIUM <input type="checkbox"/> PLAYGROUND <input type="checkbox"/> BATHROOM <input type="checkbox"/> POOL <input type="checkbox"/> CLASSROOM <input type="checkbox"/> QUAD <input type="checkbox"/> CORRIDOR <input type="checkbox"/> SCIENCE LAB <input type="checkbox"/> GYMNASIUM <input type="checkbox"/> SHOP LAB <input type="checkbox"/> LIBRARY <input type="checkbox"/> SIDEWALK <input type="checkbox"/> LOCKER ROOM <input type="checkbox"/> STAIRS <input type="checkbox"/> LUNCH AREA <input type="checkbox"/> WEIGHT ROOM <input type="checkbox"/> OFF CAMPUS <input type="checkbox"/> OTHER (SPECIFY):	<p><b>PART OF BODY INJURED</b></p> <p>SIDE OF BODY: <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT</p> <input type="checkbox"/> ANKLE <input type="checkbox"/> FINGER <input type="checkbox"/> MOUTH <input type="checkbox"/> ARM <input type="checkbox"/> FOOT <input type="checkbox"/> NECK <input type="checkbox"/> BACK <input type="checkbox"/> GROIN <input type="checkbox"/> NOSE <input type="checkbox"/> CHEST <input type="checkbox"/> HAND <input type="checkbox"/> RIBS <input type="checkbox"/> CHIN <input type="checkbox"/> HEAD <input type="checkbox"/> SHOULDER <input type="checkbox"/> EAR <input type="checkbox"/> HIP <input type="checkbox"/> STOMACH <input type="checkbox"/> ELBOW <input type="checkbox"/> INTERNAL <input type="checkbox"/> THUMB <input type="checkbox"/> EYE <input type="checkbox"/> KNEE <input type="checkbox"/> TOOTH <input type="checkbox"/> FACE <input type="checkbox"/> LEG <input type="checkbox"/> WRIST <input type="checkbox"/> OTHER (SPECIFY):	<p><b>NATURE OF INJURY</b></p> <input type="checkbox"/> ABRASION <input type="checkbox"/> FOREIGN BODY <input type="checkbox"/> BITE/STING <input type="checkbox"/> FRACTURE <input type="checkbox"/> BLEEDING <input type="checkbox"/> INTERNAL <input type="checkbox"/> BRUISE <input type="checkbox"/> NAUSEA <input type="checkbox"/> BURN <input type="checkbox"/> NO VISIBLE INJURY <input type="checkbox"/> CHEMICAL EXP. <input type="checkbox"/> PAIN <input type="checkbox"/> CHIP'D/LOOSE TOOTH <input type="checkbox"/> PUNCTURE <input type="checkbox"/> CONCUSSION <input type="checkbox"/> REDNESS <input type="checkbox"/> CUT <input type="checkbox"/> SPRAIN/STRAIN <input type="checkbox"/> DISLOCATION <input type="checkbox"/> SWELLING <input type="checkbox"/> DIZZINESS <input type="checkbox"/> OTHER (SPECIFY):	<p><b>CAUSE OF INJURY</b></p> <input type="checkbox"/> ANIMAL/INSECT <input type="checkbox"/> PLAY EQUIPMENT <input type="checkbox"/> ANOTHER STUDENT <input type="checkbox"/> POLE <input type="checkbox"/> BUILDING <input type="checkbox"/> POWERED TOOL <input type="checkbox"/> CHEMICALS <input type="checkbox"/> SELF <input type="checkbox"/> CLASS MATERIALS <input type="checkbox"/> SPORT EQUIPMENT <input type="checkbox"/> FENCE/GATE <input type="checkbox"/> SURFACE <input type="checkbox"/> FOOD/DRINK <input type="checkbox"/> THROWN OBJECT <input type="checkbox"/> FURNITURE <input type="checkbox"/> VEHICLE <input type="checkbox"/> HAND TOOL <input type="checkbox"/> WEAPONS <input type="checkbox"/> OTHER (SPECIFY):
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**SPORTS/RECREATION ACTIVITY:**

 BASEBALL  SOFTBALL  
 BASKETBALL  TENNIS  
 CHEER LEADING  TETHER BALL  
 DANCE  TRACK & FIELD  
 DODGEBALL  VOLLEYBALL  
 FOOTBALL  WATER SPORTS  
 GYMNASTICS  WEIGHTS  
 SOCCER  WRESTLING  
 OTHER (SPECIFY):

**PLAYGROUND EQUIPMENT:**

 CLIMBING EQUIPMENT  SEE-SAW  
 MERRY-GO-ROUND  SLIDE  
 MULTI-USE  SWING  
 OTHER (SPECIFY):

BRIEFLY DESCRIBE HOW INJURY OCCURRED: \_\_\_\_\_

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WERE PARENTS CONTACTED:  YES  NO DESCRIBE THEIR REACTION: \_\_\_\_\_

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STUDENT:  RETURNED TO CLASS  SENT HOME  TAKEN TO HOSPITAL  OTHER (SPECIFY): \_\_\_\_\_

COMMENTS: (ATTACH ADDITIONAL PAGES AS NEEDED) \_\_\_\_\_

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REPORT COMPLETED BY:	TITLE:	DATE:	PHONE:
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