PRINT

CONFIDENTIAL—ATTORNEY/CLIENT WORK PRODUCT PRIVILEGE

This report is to be completed by school district employees. This form is a confidential, internal, document; its contents are not to be shared or copied for any persons who are not school district employees and/or their legal representatives.

CONFIDENTIAL SCHOOL ACCIDENT REPORT

IN CASE OF SERIOUS INJURIES A TELEPHONE REPORT IS TO BE MADE IMMEDIATELY

DATE OF REPORT

NOTE: The school employee either witnessing the accident or supervising at the time should complete and **submit this form within 24 hours.** Please type or print using ball-point pen.

NAME OF SCHOOL DISTRICT
1 New Haven Unified

NAME OF SCHOOL
2

ADDRESS OF SCHOOL (NUMBER, STREET, CITY AND ZIP CODE)

NAME OF INJURED PERSON (LAST, FIRST, M.I.)
3

AGE | GRADE | TELEPHONE NUMBER OF INJURED PERSON ( )

IS INJURED PERSON A MINOR ☐ NO ☐ YES ►

NAME OF PARENT OR LEGAL GUARDIAN

ADDRESS OF PERSON INJURED (NUMBER, STREET, APARTMENT NUMBER, CITY, STATE AND ZIP CODE)
4

WHERE DID ACCIDENT OCCUR
5

DATE (MONTH/DAY/YEAR)

TIME ☐ A.M. ☐ P.M.

DESCRIBE HOW ACCIDENT OCCURRED (USE FACTS ONLY; EXCLUDE OPINIONS AND/OR ASSUMPTIONS)
6

FIRST AND LAST NAME OF PERSON IN CHARGE AT TIME OF ACCIDENT
7

TITLE OF PERSON (TEACHER, VOLUNTEER, ETC.)

WAS HE PRESENT AT THE TIME ☐ YES ☐ NO

INJURED VIOLATED SCHOOL RULE ☐ YES ☐ NO

8 NAME OF WITNESS(ES)	ADDRESS	TELEPHONE NO.	STATUS (Student, Volunteer, etc.)
		( )	
		( )	

9 APPARENT NATURE OF INJURY (PLEASE CHECK)

☐ Abrasion ☐ Fracture ☐ Strain/Sprain
☐ Contusion ☐ Cut ☐ Dislocation
☐ Internal ☐ Concussion
☐ Other (explain) _____

10 INJURED PART OF BODY (PLEASE CHECK)

☐ Head ☐ Finger ☐ Arm ☐ Abdomen
☐ Neck ☐ Eye ☐ Leg ☐ Hand
☐ Back ☐ Chest ☐ Face ☐ Foot
☐ Other (explain) _____

FIRST AID PROCEDURES USED
11

NAME OF PERSON WHO ADMINISTERED FIRST AID

12 DISPOSITION OF INJURED AFTER ACCIDENT OR CLASS
☐ Home ☐ Doctor ☐ Hospital

WHO WAS NOTIFIED
13

RELATIONSHIP TO INJURED

IF INJURED PUPIL LEFT SCHOOL TO WHOM RELEASED
14

NAME AND ATTITUDE OF ANYONE CONTACTING SCHOOL
15

16 STUDENT ACCIDENT BENEFITS AVAILABLE
☐ NO ☐ YES NAME OF COMPANY

REMARKS
17

REMARKS CONTINUED

For your protection California law requires the following to appear on this form. "It is unlawful to: (a) present or cause to be presented any false or fraudulent claim for payment of a loss under a contract of insurance; (b) prepare, make or subscribe any writing with intent to present or use the same, or allow it to be presented or used in support of such claim. Every person who violates any provision of this section is punishable by imprisonment in the State Prison not exceeding 3 years or by fine not exceeding $1,000 or by both."

NAME OF PERSON COMPLETING REPORT
18

STATUS

TELEPHONE NUMBER OF PERSON ( )

ADDRESS OF PERSON (NUMBER, STREET, CITY, STATE AND ZIP CODE)

PERSON WAS AN EYE WITNESS ☐ YES ☐ NO

SIGNATURE OF PERSON APPROVING REPORT

DATE SIGNED

Distribution:
Original & Canary Copies - ESC
Pink Copy - School File