

Fullerton Joint Union High School District Confidential School Accident Report

Students and Non-Employee Adults

(This report is confidential for transmission to attorneys for the District in the event that litigation arises out of this incident)

If a student is injured, the supervising employee of the injured student should complete this report. In the case of a non-employee adult injury (employee injuries are handled through Workers' Compensation), the injured adult should complete this report. Submit the completed report immediately to the Principal's Office. Should other pertinent facts develop, notify the Principal's Office by means of a supplemental report.

Do not use this form if the injured person is an employee. Contact the District Office if an employee is injured and direction will be given regarding medical assistance and Workers' Compensation forms.

NAME OF SCHOOL	SCHOOL TELEPHONE NUMBER
NAME OF INJURED PARTY/STUDENT	IS THE INJURED PARTY A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME ADDRESS	GRADE _____ AGE _____ TELEPHONE NUMBER OF INJURED PARTY
HOW DID THE ACCIDENT OCCUR? (ATTACH ADDITIONAL SHEET IF NEEDED)	DATE AND APPROXIMATE TIME OF ACCIDENT
NATURE OF THE INJURY	WHERE DID THE ACCIDENT OCCUR?
INJURED PERSON TRANSPORTED TO A MEDICAL FACILITY?	FIRST AID APPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR STUDENT INJURIES

EMPLOYEE IN CHARGE OF INJURED STUDENT AT TIME OF ACCIDENT	WAS EMPLOYEE PRESENT AT TIME OF ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
WAS A SCHOOL RULE VIOLATED? IF SO, EXPLAIN.	
HAVE THE PARENTS BEEN CONTACTED? IF SO, WHAT WAS THEIR RESPONSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS	
FIRST AID PROCEDURES USED	NAME OF PERSON WHO ADMISTERED FIRST AID
DISPOSITION OF INJURED AFTER ACCIDENT <input type="checkbox"/> HOME <input type="checkbox"/> DOCTOR <input type="checkbox"/> HOSPITAL <input type="checkbox"/> CLASS	WHO WAS NOTIFIED
RELATIONSHIP TO INJURED	

IF INJURED STUDENT LEFT SCHOOL TO WHOM WERE THEY RELEASED?		IF TRANSPORTED VIA AMBULANCE WHO MADE DECISION TO TRANSPORT: PARENT <input type="checkbox"/> SCHOOL SITE ADMIN <input type="checkbox"/> OTHER: _____	
NAME AND DISPOSITION OF ANYONE CONTACTING SCHOOL			
STUDENT ACCIDENT BENEFITS AVAILABLE		REMARKS	
<input type="checkbox"/> NO <input type="checkbox"/> YES			
NAME OF COMPANY			
REMARKS CONTINUED			

WITNESSES PRESENT AT TIME OF STUDENT OR ADULT ACCIDENT

NAME		ADDRESS	TELEPHONE
NAME OF PERSON COMPLETING REPORT		POSITION	TELEPHONE NUMBER OF PERSON
ADDRESS OF PERSON (NUMBER, STREET, CITY, STATE AND ZIP CODE)			WAS PERSON AN EYE WITNESS? <input type="checkbox"/> NO <input type="checkbox"/> YES
SUBMITTED BY			DATE
SIGNATURE OF SCHOOL PRINCIPAL			DATE
DISTRICT OFFICE SIGNATURE			DATE