DISTRICT, ADDRESS AND TELEPHONE		
Fullerton Joint Union High School District 1051 W. Bastanchury Road Fullerton, CA 92833 Attention: Safety & Risk Management (714) 870-2930	SUBMIT TO: AP Keenan P.O. BOX 4328 TORRANCE, CA 90510 TELEPHONE: (310)212-3344 (800)654-8102	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

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.

DATE OF REPORT	NAME OF SCHOOL

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

NAME OF INJURED PERSON (LAST, FIRST, M.I.)	AGE	GRADE	TELEPHONE NUMBER OF INJURED PERSON
			( )

IS INJURED PERSON A MINOR	NAME OF PARENT OR LEGAL GUARDIAN
☐ NO ☐ YES	

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

WHERE DID ACCIDENT OCCUR	DATE (MONTH/DAY/YEAR)	TIME
		☐ AM ☐ PM

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

FIRST AND LAST NAME OF PERSON IN CHARGE AT TIME OF ACCIDENT	TITLE OF PERSON (TEACHER, VOLUNTEER, ETC.)	WAS HE/SHE PRESENT AT THE TIME? ☐ NO ☐ YES	INJURED VIOLATED SCHOOL RULE? ☐ NO ☐ YES

NAME OF WITNESS(ES)	ADDRESS	TELEPHONE NO.	STATUS (Student/Volunteer, etcs.)
		( )	
		( )	

APPARENT NATURE OF INJURY (PLEASE CHECK)			INJURED PART OF BODY (PLEASE CHECK)			
☐ Abrasion	☐ Fracture	☐ Strain/Sprain	☐ Head	☐ Finger	☐ Arm	☐ Abdomen
☐ Contusion	☐ Cut	☐ Dislocation	☐ Neck	☐ Eye	☐ Leg	☐ Hand
☐ Internal	☐ Concussion		☐ Back	☐ Chest	☐ Face	☐ Foot
☐ Other (Explain)			☐ Other (Explain)			

FIRST AID PROCEDURES USED	NAME OF PERSON WHO ADMINISTERED FIRST AID

DISPOSITION OF INJURED AFTER ACCIDENT ☐ Home ☐ Doctor ☐ Hospital ☐ CLASS	WHO WAS NOTIFIED	RELATIONSHIP TO INJURED

IF INJURED PUPIL LEFT SCHOOL TO WHOM RELEASED	NAME AND ATTITUDE OF ANYONE CONTACTING SCHOOL

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

REMARKS CONTINUED

NAME OF PERSON COMPLETING REPORT	STATUS	TELEPHONE NUMBER OF PERSON ( )

ADDRESS OF PERSON (NUMBER, STREET, CITY, STATE AND ZIP CODE)	WAS PERSON AN EYE WITNESS? ☐ NO ☐ YES

SIGNATURE OF PERSON APPROVING REPORT	DATE SIGNED

Clear Form