SAN DIEGO UNIFIED SCHOOL DISTRICT

Send signed copy to Risk Management Dept.

Original - School or Department

**REPORT ON ACCIDENT**

(STUDENTS AND OTHERS NOT IN THE EMPLOY OF THE SCHOOL DISTRICT)

(Please Print or Type)

|  |  |  |
| --- | --- | --- |
| STUDENT’ S NAME (LAST, FIRST MIDDLE INITIAL): | GRADE: | DATE OF BIRTH: |
| PARENT’S NAME: | ADDRESS: | |
| DATE OF ACCIDENT: | TIME OF ACCIDENT: | |

|  |  |
| --- | --- |
| CHECK TYPE OF INJURY | |
|  | |
| ABRASION (Scrape Wound) | INTERNAL INJURY |
| BURNS AND SCALDS | LACERATION (Torn Wound) |
| CONTUSION (Bruised Wound) | CHIPPED OR BROKEN TEETH |
| SPRAINS | STRAIN |
| DISLOCATION | INCISED WOUND (Clean Cut) |
| FRACTURE | PUNCTURE WOUNDS |
| OTHER |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CHECK PART OF BODY INJURED, IF KNOWN | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| HEAD: | Scalp | |  | | Skull | | |  | | | | Face | |  | | | | | Eye |  |
| Teeth | |  | | Lip | | |  | | | | Tongue | |  | | | | | Ear |  |
| ARMS: | Upper Arm | | | Right  Left | | | | Elbow | | Right  Left | | | | Forearm | | | Right  Left | | | |
| Wrist | | | Right  Left | | | | Hand | | Right  Left | | | |  | | | | | | |
| NECK: | |  | | | | | | | | | SHOULDER: | | | Right  Left | | | | | | |
| CHEST: | |  | | | | ABDOMEN: | | |  | | | | | | PELVIC: | | |  | | |
| BACK:(including Spine) | | | | Upper Middle  Lower  Other | | | | | | | | | | | | | | | | |
| LEG: | | Upper Leg | | Right  Left | | | Knee | | Right  Left | | | | Calf | | | Right  Left | | | | |
| Ankle | | Right  Left | | | Foot | | Right  Left | | | |  | | | | | | | |
| OTHER: | |  | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ACCIDENT LOCATION | | | | |
|  | | | | |
| TO OR FROM SCHOOL |  | | IN THE HALLS | |
| IN THE CLASSROOM |  | ROOM NO. | ON THE STAIRS | |
| IN THE SHOP (SPECIFY SHOP, WOOD, METAL, ETC.) | | | ROOM NO. | |
| IN THE PLAYGROUND |  | | TYPE OF EQUIP INVOLVED |  |
| TYPE OF SURFACE INVOLVED |  |
| IN THE GYM |  | |
| OTHER FACTORS (e.g. , rain, weather, lightning) | | | | |
| CAUSE OF INJURY/WHAT HAPPENED: | | | | |
| WHAT WAS SAID BY INJURED: | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| WHAT WAS DONE FOR INJURED: | | | | | | |
| WHAT STEPS HAVE BEEN TAKEN TO PREVENT A SIMILAR ACCIDENT? | | | | | | |
| TEACHER/ADULT IN CHARGE: | |  | | WITNESS TO ACCIDENT: | |  |
| INFORMATION NOT GIVEN ABOVE: | | | | | | |
|  |  | |  | |  | |
| DATE SUBMITTED | SCHOOL OR SITE NAME | | LOCATION NO. | | SIGNATURE OF PRINCIPAL/DEPARTMENT HEAD | |

REVISED 01/09/2015 REFERENCE: SDUSD ADMINISTRATIVE PROCEDURE NO. 1720, NO. 6371