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)

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

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| 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       |  |

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| 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: |       |

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| 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:       |

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| 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