

**ABC UNIFIED SCHOOL DISTRICT**  
Risk Management Department

**STUDENT ACCIDENT REPORT**

The school employee who either witnesses the student injury or is supervising the student at the time of the injury should complete this form. The report should be submitted immediately to the principal's office for signature and mailed as soon as possible to the Risk Management Department. If pertinent facts develop, notify the Risk Management by means of a supplemental report.

**TO BE COMPLETED  
IMMEDIATELY**

THIS REPORT IS FOR THE CONFIDENTIAL USE ONLY OF THE ABC UNIFIED SCHOOL DISTRICT AND FOR LEGAL COUNSEL FOR THE PURPOSE OF DEFENDING THE DISTRICT AND ITS EMPLOYEES IN LITIGATION. DO NOT DISTRIBUTE COPIES TO STUDENTS, PARENTS OR OTHER REQUESTING PARTIES.

SCHOOL DISTRICT:		SCHOOL:	
SCHOOL ADDRESS:		TELEPHONE:	
STUDENT NAME:	AGE:	GRADE:	
HOME ADDRESS:	TELEPHONE:		
WHERE DID ACCIDENT OCCUR:	DATE:	TIME:	
HOW DID ACCIDENT OCCUR?			
NATURE OF INJURY:			
WAS FIRST AID APPLIED: YES NO TYPE OF FIRST AID ADMINISTERED:			WHO ADMINISTERED IT?
DOES INJURED STUDENT HAVE SCHOOL ACCIDENT INSURANCE COVERAGE: YES NO		WAS ANY SCHOOL RULE VIOLATED? YES NO	
IF SO, EXPLAIN:			
Witnesses present at time of accident:			
NAME	ADDRESS	PHONE NUMBER	
HAVE PARENTS CONTACTED SCHOOL? IF YES, EXPLAIN BELOW. YES NO		WERE PARENTS CONTACTED BY SCHOOL? IF YES, EXPLAIN BELOW. YES NO	
WERE PARENTS OR STUDENT TOLD THEY WOULD BE CONTACTED AGAIN? EXPLAIN BELOW. YES NO		COMMENTS (To be prepared by adult witness if available; attach additional sheet if necessary.) Additional sheet attached: YES NO	
NAME:	POSITION:	DID YOU WITNESS ACCIDENT? YES NO	
REPORT PREPARED BY:	POSITION:	DATE:	
PRINCIPAL OR DESIGNEE'S SIGNATURE:	DATE:	ADULT WITNESS SIGNATURE (if available)	