

TO BE COMPLETED IMMEDIATELY!

THE SCHOOL EMPLOYEE WHO EITHER WITNESSES THE STUDENT INJURY OR IS SUPERVISING THE STUDENT AT THE TIME OF INJURY SHOULD COMPLETE THIS FORM. THE REPORT SHOULD BE SUBMITTED IMMEDIATELY TO THE PRINCIPAL'S OFFICE.

THIS REPORT IS FOR THE CONFIDENTIAL USE OF THE INSURANCE COMPANY AND OF ATTORNEYS FOR THE SCHOOL DISTRICT AND ITS EMPLOYEES IN DEFENDING LITIGATION.

STUDENT ACCIDENT REPORT

SCHOOL DISTRICT CORONA-NORCO UNIFIED SCHOOL DISTRICT		SCHOOL	
SCHOOL ADDRESS			PHONE NO.
STUDENT'S NAME			AGE
			GRADE
HOME ADDRESS			PHONE NO.
WHERE DID ACCIDENT OCCUR?		DATE	TIME
HOW DID ACCIDENT OCCUR?			
NATURE OF INJURY (INCLUDE BODY PART, RIGHT OR LEFT)			
FIRST AID APPLIED <input type="checkbox"/> YES <input type="checkbox"/> NO		BY WHOM?	DISPOSITION OF INJURED STUDENT (RETURN TO CLASS, HOME, DOCTOR, HOSPITAL)
HEAD INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO		HEAD INJURY FORM GIVEN TO PARENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES INJURED STUDENT HAVE SCHOOL ACCIDENT INSURANCE COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF INSURANCE COMPANY	
WAS ANY SCHOOL RULE VIOLATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, EXPLAIN, COMMENT ON SUPERVISION		
WITNESSES PRESENT AT TIME OF ACCIDENT			
NAME	ADDRESS	PHONE NO	
HAVE PARENTS CONTACTED SCHOOL? IF YES, EXPLAIN BELOW <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE PARENTS CONTACTED BY SCHOOL? IF YES, EXPLAIN BELOW <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE PARENTS OR STUDENT TOLD THEY WOULD BE CONTACTED AGAIN? IF YES, EXPLAIN BELOW <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS			

REPORT SUBMITTED BY	POSITION	DATE	PRINCIPAL OR DESIGNATE	DATE
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Return original to: Risk Management Keep a copy for School File