



Elk Grove Unified School District
REPORT OF STUDENT ACCIDENT

INSTRUCTIONS: Complete form and submit original to Risk Management as soon as possible after injury occurs. **This form is for management information only. Do not distribute to parents, guardians, or other representatives of the injured student.**

Student's Name: _____ Birthdate: _____

School of Attendance: _____ Phone: _____ Grade: _____

Parent/Guardian Name: _____ Home #: _____ Work#: _____

Mailing Address: _____

Date of Accident: _____ Time of Accident: _____ a.m. _____ p.m.

Location of Accident: _____

Nature of Injury: _____

Body Part(s) Involved: _____

Describe details of Accident (be specific, use additional page if necessary): _____

First aid rendered: _____

Name of Teacher/Supervisor/Coach on duty at place of accident: _____

Where was Student moved to after injury, and how: _____

Witness to Accident-Adult Name(s): _____

Witness to Accident- Students Name(s): _____

Obtain written statement from witnesses in serious accidents

Parent/Guardian Contacted: _____ By Whom? _____ Time: _____

How did Student leave area after first aid rendered: _____

Time Student left area after first aid rendered: _____

Was Student advised to see a physician: _____ By Whom: _____

Diagnosis/Outcome: _____

Reporting Person (Name & Title): _____ Date: _____

Administrator (Name & Title): _____ Date: _____