



SANTA CRUZ COUNTY OFFICE OF EDUCATION
STUDENT ACCIDENT REPORT

CONFIDENTIAL

(For District Use Only)

Note: The school employee either witnessing the accident or supervising at the time should complete and submit this form within 24 hours - with the assistance of the site nurse/health assistant, as applicable, on items 10 thru 17.

IN CASE OF SERIOUS INJURY, A TELEPHONE REPORT IS TO BE MADE IMMEDIATELY TO THE OFFICE OF ?????

1. School _____ Date and Time of Accident _____ a.m. _____ p.m.

2. Injured Student's Name _____ Male _____ Female _____ Age _____ Grade _____

3. Home address _____ Phone number(s) _____

4. Location of accident:: School Building _____ School Grounds _____ School Bus _____ Off school premises _____
Under School Jurisdiction _____

Specifics of location/equipment/structures/involved: _____

5. Describe accident in detail (REQUIRED) - [What was student doing? List any specific acts by other individuals, or conditions that led to accident. Include any tools, machinery, equipment, or instrument involved.] _____

[use additional sheet, as needed]

Actions needed or taken to prevent like incidents in future? _____

6. Who was in charge at the time of the accident?(employee's name and phone) _____
Was he/she present at that time? Yes _____ No _____

7. Who was supervising? _____ Contact info: _____

8. Did the injured violate any school rules? Yes ___ No ___ Explain _____

9. Witness(es) - name, address, and contact information: _____

[continue on back or additional sheet]

10. Apparent Nature of Injury at time of Report: Abrasion ___ Cut ___ Laceration ___ Scratches ___ Puncture ___ Burn ___ Bite ___ Teeth ___
Bruising ___ Swelling ___ Loss of consciousness ___ Possible: Strain/Sprain ___ Dislocation ___ Concussion ___ Fracture ___
Other (specify) _____

11. Part(s) of Body injured: Head ___ Neck ___ Back ___ Finger ___ Arm ___ Leg ___ Face ___ Eye ___ Teeth ___ Abdomen ___ Hand ___
Foot ___ Knee ___ Other (describe and indicate left or right as applicable) _____

12. Was First Aid administered? Yes ___ No ___ By Whom: Name _____ Job Title _____
And if so, how soon, and what was done: _____

13. Forms or guidance given to parent/guardian (what, by whom): _____

14. Disposition of injured after accident: Class ___ Home ___ Doctor ___ Hospital ___ 911 called ___ Via ambulance ___
Transported by _____

15. Who was notified? _____ Relationship to injured: _____

16. If student left school, released to whom? _____ Relationship to injured _____

17. Did parent/guardian contact the school again after the accident? _____ Comments: _____

18. Report completed by _____ Title _____

Signature _____ Date: _____

19. Site Administration Name _____ Title _____

Signature _____ Date: _____