

**CONFIDENTIAL-ATTORNEY/CLIENT**

**WORK PRODUCT PRIVILEGE**

This report is to be completed by school district employees. This form is a confidential, internal, document; its contents are not to be shared or copied for any persons who are not school district employees and/or their legal representatives.

# Student Accident Report

**IN CASE OF SERIOUS INJURIES, A  
TELEPHONE REPORT IS TO BE MADE  
IMMEDIATELY.**

**Redlands Unified School District  
20 W. Lugonia Avenue  
Redlands CA 92374  
(909) 307-5300  
(909) 307-5344 (fax)**

**The employee either witnessing the accident or supervising at the time must complete and submit this form by the end of the day.**

Date:		Name of School:						
Name of Injured Student (Last, First, M.I.):		Is injured student a minor? <input type="radio"/> yes <input type="radio"/> no	Age:	Grade:				
Name of Parent/Legal Guardian:		Telephone Number of Parent/Legal Guardian:						
Address of Injured Student (Number, Street, Apartment Number, City, State, Zip Code):								
Where did accident occur?		Date:	Time: <input type="radio"/> am <input type="radio"/> pm					
Describe how accident occurred (state facts only)								
Was student violating school rules at the time of the accident? <input type="radio"/> yes <input type="radio"/> no								
Name of individual in charge at the time (Last, First):		Title (teacher, volunteer, etc):	Was he/she present? <input type="radio"/> yes <input type="radio"/> no					
Names of Witness(es)	Address	Status (student/volunteer)						
Nature of injury (please check): <input type="checkbox"/> Abrasion <input type="checkbox"/> Fracture <input type="checkbox"/> Insect bite <input type="checkbox"/> Chipped tooth <input type="checkbox"/> Contusion <input type="checkbox"/> Cut <input type="checkbox"/> Sprain <input type="checkbox"/> Human bite <input type="checkbox"/> Bruise <input type="checkbox"/> Concussion <input type="checkbox"/> Dislocation <input type="checkbox"/> Internal (area): <input type="checkbox"/> Other (explain):					Parts of body involved (please check): <input type="checkbox"/> Head <input type="checkbox"/> Finger <input type="checkbox"/> Arm <input type="checkbox"/> Abdomen <input type="checkbox"/> Neck <input type="checkbox"/> Eye <input type="checkbox"/> Leg <input type="checkbox"/> Hand <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Face <input type="checkbox"/> Foot <input type="checkbox"/> Other (explain):			
First Aid procedures used:		Name of person administering First Aid:						
Disposition of injured student after accident or class:		Name of individual notified:	Relationship to student:					
If injured student left school, to whom was he/she released:		Name and attitude of individuals contacting school:						
Remarks:								
Name of individual completing report:		Status (teacher, clerk, etc):	Telephone No.					
Address of individual completing report (school site):		Was individual a witness? <input type="radio"/> yes <input type="radio"/> no						
Signature of Principal/Supervisor:			Date signed:					

Original - District Office/Risk Management