

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, IF POSSIBLE. THE REPORT SHOULD BE SUBMITTED IMMEDIATELY TO THE PRINCIPAL'S OFFICE. SHOULD OTHER PERTINENT FACTS DEVELOP, NOTIFY THE PRINCIPAL'S OFFICE BY MEANS OF A SUPPLEMENTAL REPORT

Tulare Joint Union High School
 426 N. Blackstone Tulare CA 93274
 559-688-2021 Fax 559-687-7317

SCHOOL DISTRICT		SCHOOL		
SCHOOL ADDRESS			PHONE NO.	
STUDENT'S NAME			AGE	GRADE
STUDENT'S ADDRESS			PHONE NO.	
WHERE DID ACCIDENT OCCUR?	LOCATION CODE	DATE	TIME	
HOW DID ACCIDENT OCCUR?				
EMPLOYEE IN CHARGE OF INJURED STUDENT AT TIME OF ACCIDENT			WAS EMPLOYEE PRESENT AT TIME OF ACCIDENT?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS ANY SCHOOL RULE VIOLATED?	IF SO EXPLAIN			
<input type="checkbox"/> YES <input type="checkbox"/> NO				
WITNESSES PRESENT AT TIME OF ACCIDENT				
NAME	ADDRESS	PHONE NO.		
NATURE OF INJURY			DISABLED?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
FIRST AID APPLIED	BY WHOM?			
<input type="checkbox"/> YES <input type="checkbox"/> NO				
DISPOSITION OF INJURED STUDENT (RETURN TO CLASS, HOME, DOCTOR, HOSPITAL)				
DOES INJURED STUDENT HAVE SCHOOL ACCIDENT INSURANCE COVERAGE?		NAME OF INSURANCE COMPANY		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
WHAT BENEFITS ARE AVAILABLE TO STUDENT?				
HAVE PARENTS CONTACTED SCHOOL?		WHAT IS THEIR ATTITUDE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
COMMENTS				
REPORT SUBMITTED BY		POSITION	DATE	