STUDENT ACCIDENT REPORT

TO BE COMPLETED IMMEDIATELY!	**CONFIDENTIAL REPORT**
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.	**THIS REPORT IS FOR THE CONFIDENTIAL USE OF NBSIA AND OF ATTORNEYS FOR THE SCHOOL DISTRICT AND ITS EMPLOYEES IN DEFENDING LITIGATION.**

SCHOOL DISTRICT (or) COE	SCHOOL		
SCHOOL ADDRESS		PHONE NO.	
STUDENT'S NAME	PARENT/GUARDIAN NAME	SEX	GRADE
WHERE DID ACCIDENT OCCUR?	DATE	TIME	
BRIEF DESCRIPTION OF ACCIDENT:			

INJURY DETAILS

CAUSE:	**TYPE :**	**BODY PART:**
☐ Trip/Fall ☐ PE/Sports ☐ Playing ☐ Medical ☐ Fight ☐ Hit by Vehicle ☐	☐ Abrasion ☐ Bite (insect) ☐ Bite (human) ☐ Breathing ☐ Bruise ☐ Bump ☐ Burn ☐ Choking ☐ Concussion ☐ Cut/Puncture ☐ Dislocation ☐ Fracture ☐ Seizure/Fainting ☐ Poisoning	☐ Abdomen ☐ Ankle ☐ Arm ☐ Back ☐ Cheek ☐ Ear ☐ Elbow ☐ Eye ☐ Face ☐ Finger ☐ Foot ☐ Forehead ☐ Hand ☐ Head ☐ Hip ☐ Knee ☐ Leg ☐ Mouth ☐ Neck ☐ Nose ☐ Scalp ☐ Shoulder ☐ Toe ☐ Tooth ☐ Wrist
Other (specify)	Other (specify)	Other (specify)

First aid applied? ☐ YES ☐ NO By whom?	Disposition of injured student (return to class, home, Dr., hospital)	Were parents contacted by school? If yes, explain below (comments) ☐ YES ☐ NO

WITNESS (PRESENT AT TIME)	PHONE #:

Was any school rule violated? ☐ YES ☐ NO	Name of supervisor/teacher on duty at time of accident:	Was supervisor/teacher present at time of accident? ☐ YES ☐ NO

COMMENTS:

REPORT BY (NAME/TITLE):	DATE	PRINCIPAL/DESIGNEE SIGNATURE	DATE

DISTRIBUTION: (1 COPY TO EACH)

NBSIA
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FAIRFIELD, CA 94534

DISTRICT OFFICE

SITE