



TEMECULA VALLEY UNIFIED SCHOOL DISTRICT

SPED

STUDENT ACCIDENT REPORT

SCHOOL SITE: GOHS

Name of Student		Date of Birth		Grade			
Home Address			Home Phone ( ) Work Phone ( )				
Where did the accident occur?			Date		Time		
How was the student injured?							
Was employee present?			Name of employee				
Was any school rule violated?			If so, explain				
What was the nature of injury?							
Was First Aid given?			Name of person providing First Aid				
Name of Credentialed School Nurse Notified	CALLED 911 <input type="checkbox"/>	REPORT 911 CALLS <input type="checkbox"/>	CALLED CWA <input type="checkbox"/>	HEAD SHEET PROVIDED <input type="checkbox"/>	Name of Parent/Guardian Notified?	Date	Time

WITNESS PRESENT AT TIME OF ACCIDENT

NAME	ADDRESS	PHONE NUMBER

COMMENTS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Report Submitted By: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Follow up: Check line(s) that best describe follow up: \_\_\_\_\_ Date of Follow up: \_\_\_\_\_

- Medical Evaluation       No Medical Evaluation       Medical Evaluation Pending       Return to School       Absent
- Parent Contacted       Physician Contacted       Student Contacted       Hospitalized @ \_\_\_\_\_

Signature of School Nurse \_\_\_\_\_

FOR BUSINESS SERVICES USE ONLY

Follow-up required:  YES       NO

DATA ENTRY DATE:

Comments: \_\_\_\_\_

SEND ORIGINAL -BSS- Debbie Jones

COPY - School Site

COPY - CWA - Nancy Carpenter, RN

