

SAN LEANDRO UNIFIED SCHOOL DISTRICT
14735 JUNIPER STREET
SAN LEANDRO, CA 94579

SCHOOL SITE # _____

STUDENT ACCIDENT/INCIDENT REPORT
Attorney/Client Privileged Information

In the event of a student accident, however slight, on the school premises, or on the way to or from school, this form should be completed by the person in charge of student at the time of the accident.

_____ School

Name of injured student – Last Name first _____ Home Address _____ Telephone _____

Age ___ Yrs. ___ Mos. ___ Sex Female Male

Date of Accident _____ Exact Time _____ A.M. On Way to School
P.M. At School
 On Way Home

DESCRIBE INJURY: _____

Describe how accident occurred:

Where did accident occur? _____

Was student supervised by School Department Employee Yes _____
 No Name _____ Title _____

What was done for the injured? _____

Name of person giving first aid _____

Name of person reporting facts of injury _____

Persons present at time:

Name _____ Address _____

Name _____ Address _____

Where was student taken after first aid? _____ How? _____ By Whom? _____

Doctor _____ Address _____

Parent or Guardian notified? Yes No How Notified? _____

Remarks _____

Principal's Signature _____

Date _____

Use Reverse Side if Necessary
For Internal Use Only