

Redwood Empire Schools' Insurance Group

Student Accident Report

INSTRUCTIONS: TO BE COMPLETED IMMEDIATELY when an incident involving a student occurs requiring attention <u>BEYOND BASIC FIRST AID</u>. The school employee, who either witnessed the student injury or was supervising the student at the time of injury, should complete this form, if possible. If additional pertinent facts develop, notify the principal's office immediately. **NOTE:** This report is for the confidential use of RESIG and of attorneys for the school district and its employees in defending litigation.

School District	School/Site		Phone #		
Student's Name	Parent/Guardian		D.O.B.	Sex	Grade
Home Address			ı	Phone #	
Where did accident occur? (e.g. playground, classroom, hallway, etc.)			Dat	Date of Incident Time	
Description of incident (add additional page, if needed)					
Describe injury (e.g. bite, fractu	re, bump, cut, sprain, e	tc.)			
Part of body injured (be specific)					
Disposition of student (e.g. back to class, home, hospital, etc.)					
Was blood or other bodily fluid involved? Yes No					
What type of first aid was provided?					
Does injured student have student accident insurance? Yes No Yes If yes, provide the name of the Insurance Company:					
Was any school rule violated? If yes, specify violation: Name of nearest Supervisor					
	Witnesses Present	at Time of Acci	dent		
Name	Address			Phone #	
Have parents contacted the school? Yes No Were parents contacted by school? Yes No Were parents or students told they would be contacted? Yes No If yes, explain:					
Comments:					
Report submitted by	Position Da	te Principal or	Designee S	ignature	Date

Please email a copy to **studentacc@resig.org NOTE:** Any special concerns regarding this incident should be reported to RESIG at 836-0779 ext. 106 or 121 as soon as possible).

Distribution: Upon completion of form, please follow District procedures. DISTRICT: