

SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT

109 Beckwith Road, PO Box 955, Loyalton CA 96118

Tel: (530)993-1660 Fax: (530)993-0828

STUDENT INCIDENT REPORT

CONFIDENTIAL

Name of Injured _____ Age: _____ Date of Injury: _____

School _____ Grade _____ Teacher _____

Full Address _____

Parent's Name _____ Phone Number _____

Parent Notified ☐ Yes, spoken to personally ☐ Yes, left a message at: _____

Parent was told they would be contacted again? ☐ Yes ☐ No, Explain: _____

Parent's Instruction/Response, if any _____

Parent **Not Notified** ☐ Explain: _____

Did Parent contact school? ☐ Yes Explain: _____

Nature, Extent and Location of Injury (Describe Below)

Date of Accident: _____ Time of Accident: _____ a.m./p.m.

Where did accident occur? _____

How did accident occur? (Full details) _____

Who was on duty? _____

Extent of Injury

☐ Head Injury ☐ Head Injury Notification sent to parents on _____

☐ Other (Explain) _____

First Aid applied: _____ By: _____

Does Injured Person have **School Accident Insurance**? ☐ Yes ☐ No ☐ Don't Know

Allergy Alert ☐ Yes: _____ ☐ No

Where was child taken after accident?

☐ Home By whom? _____

☐ Doctor By whom? _____

☐ Hospital By whom? _____

☐ Class By whom? _____

☐ Other By whom? _____

Ambulance

Ambulance call was made by _____ Approx. time of call: _____

Ambulance call directed by _____

REPORT SUBMITTED BY: _____ POSITION: _____ DATE: _____

Signature of Principal or designee: _____ DATE: _____

WITNESSES PRESENT AT TIME OF ACCIDENT – <i>do not include minors</i>			
NAME	SCHOOL EMPLOYEE?	CITY OF RESIDENCE	PHONE NUMBER

Additional information/Follow-up after incident:

Date: _____

ACCIDENT POLICY AND PROCEDURE

1. Make certain that emergency information is obtained from parent prior to enrollment and kept current. This must include signed Emergency Medical Form if parent cannot be located.
2. Survey classrooms and playgrounds at least daily for possible safety hazards and provide for adult observation of children at all times.
3. One person at each school site should be designated as "responsible" when the principal, nurse, or secretary are not present.

SHOULD AN ACCIDENT OCCUR, FOLLOW THIS PROCEDURE:

1. Give proper first aid. Follow instructions as provided in First Aid Guidelines.
2. If more than minor injury, notify administrator (or person responsible for the school) immediately and parent as soon as he/she can be reached.
3. When required, have staff member, nurse, or aide take child to physician or hospital, or if necessary, call ambulance. Always call ambulance if neck, back, or life threatening injury is suspected.
4. If parent does not accompany child to doctor, take signed Emergency Medical Form.
5. Complete accident report form on all accidents resulting in more than minor scrapes or bumps.
 - a. This form is to be completed by the person supervising the children at the time accident occurs.
 - b. Send one copy of Page 1 home with/to parent.
 - c. One copy (Page 1-2) goes to student cum file.
 - d. Original stays with Principal.