

# DJUHSD ACCIDENT REPORT

A REPORT MUST BE FILLED OUT BY PERSON UNDER WHOSE IMMEDIATE JURISDICTION THE ACCIDENT OCCURS AS SOON AS POSSIBLE. THE FOLLOWING TYPE OF ACCIDENTS MUST BE REPORTED: All accidents, however slight, that occur (1) on school property, (2) in a school building.

NAME						HOME ADDRESS			
SEX	M	F	AGE		GRADE		PHONE NUMBER		
TIME ACCIDENT OCCURRED							A.M.	P.M.	DATE
HEAD OF FAMILY:									
DID PUPIL OR PERSON INVOLVED SEE A DOCTOR?							YES	NO	
DID PUPIL OR PERSON INVOLVED SEE A DOCTOR?							YES	NO	
DESCRIPTION OF ACCIDENT:									
(State what person was doing, type of apparatus or machinery being used)									
DID CARELESS ACTIVITIES CONTRIBUTE TO CAUSE OF ACCIDENT?							YES	NO	EXPLAIN:
List any unsafe acts or conditions existing-any machine or equipment involved and state whether or not activity was authorized.									
EXTENT OF INJURY (BE SPECIFIC):									
WHAT TREATMENT WAS GIVEN TO INJURED PERSON AND BY WHOM?									
PARENT NOTIFIED?		YES	NO	HOW?					
SENT HOME BY:									
SENT TO PHYSICIAN BY:							NAME OF PHYSICIAN:		
SIGNATURE OF PERSON SUPERVISING AT TIME OF ACCIDENT:									
Was accident witnessed by person supervising?						Yes	No		
WITNESS						WITNESS			
ADDRESS						ADDRESS			
STATEMENT						STATEMENT			
PRINCIPAL OR DESIGNEE SIGNATURE:									