

# 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 and ID#						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			
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										
PRINCIPAL OR DESIGNEE SIGNATURE:										