

**SANTA CLARA UNIFIED SCHOOL DISTRICT  
PUPIL ACCIDENT REPORT**

1 School _____	Teacher _____	Grade / Room _____
2 Name of Pupil _____	M _____ F _____	Date of Birth _____
3 Home Address _____	City _____	
4 Name of Parent / Guardian _____	Home Phone _____	

5 Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_  
Location of Accident \_\_\_\_\_

6 How did the accident happen? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7 Describe injury (part of body, extent of injury, and general condition of pupil) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8 What first aid care was given? \_\_\_\_\_  
\_\_\_\_\_

Where? \_\_\_\_\_

By whom? \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

9 How did pupil leave place of accident? \_\_\_\_\_

10 Name of person notified regarding accident \_\_\_\_\_  
(Name) (Relationship to pupil)

11 What recommendations were made for care of injury? \_\_\_\_\_

To whom? \_\_\_\_\_ By whom? \_\_\_\_\_

12 Name of pupil's regular physician \_\_\_\_\_

13 Did pupil see physician? \_\_\_\_\_ When? \_\_\_\_\_  
(If so, Name) (In person / by phone)

Diagnosis \_\_\_\_\_

Treatment \_\_\_\_\_

14 Witness to accident \_\_\_\_\_ Address \_\_\_\_\_  
(If not affiliated with above school)

15 Total number of days lost from school \_\_\_\_\_

\_\_\_\_\_  
Signature of teacher on duty when accident occurred

\_\_\_\_\_  
Signature of Principal or Vice Principal

Report completed by \_\_\_\_\_ Date \_\_\_\_\_