## EAST SIDE UNION HIGH SCHOOL DISTRICT 830 North Capitol Avenue, San Jose, Ca 95133

## REPORT OF PUPIL ACCIDENT OR INJURY

THE SCHOOL EMPLOYEE EITHER WITNESSING THE ACCIDENT OR SUPERVISING AT THE TIME SHOULD COMPLETE AND SUBMIT THIS FORM IMMEDIATELY TO HEALTH CLERK/PRINCIPAL'S SECRETARY.

IN CASE OF **SERIOUS INJURY**, A **TELEPHONE REPORT** BY THE HEALTH CLERK IS TO BE MADE TO THE ASSISTANT SUPERINTENDENT, BUSINESS SERVICES AT THE EDUCATION CENTER, PRIOR TO FILING THIS REPORT.

1.	SCHOOL ADDRESS
2.	REPORTED BY DATE
	Persons reporting accidents are to complete only items with asterisks. (If health clerk is unavailable [i.e., athletic event, field trip, etc.] persons reporting accident must complete entire form.)
<b>*</b> 3.	INJURED'S NAME AGE GRADE
4.	INJURED'S ADDRESS PHONE #
<b>*</b> 5.	WHERE DID ACCIDENT OCCUR?
	DATEAM/PM
* 6.	DESCRIBE HOW ACCIDENT OCCURRED (In Detail, Please)
_	
	(use additional sheet, if needed)
* 7.	WHO WAS THE PERSON IN CHARGE AT THE TIME OF THE ACCIDENT?
	WAS HE/SHE PRESENT AT THAT TIME?
* 8.	WITNESSES ADDRESS
	WITNESSES ADDRESS
9.	APPARENT NATURE OF INJURY:   ABRASION  FRACTURE CUT
	CONTUSION INTERNAL CONCUSSION DISLOCATION
	STRAIN/SPRAIN     OTHER (Explain)
10.	INJURED PART OF BODY
11.	FIRST AID PROCEDURES GIVEN BY HEALTH CLERK
12.	DISPOSITION OF INJURED AFTER ACCIDENT?
	I HOME DOCTOR
13.	WHO WAS NOTIFIED OF ACCIDENT?
	ATTITUDE OF PERSON WHO WAS NOTIFIED
14.	IF INJURED PUPIL LEFT SCHOOL, TO WHOM RELEASED? RELATIONSHIP
15.	NAME AND ATTITUDE OF ANYONE CONTACTING SCHOOL AFTER ACCIDENT
16.	(IN CASE OF SERIOUS ACCIDENT) REPORT FOLLOW-UP & COMMENTS
17.	REPORT COMPLETED BY DATE
18.	PRINCIPAL'S SIGNATURE DATE
DIS	STRIBUTION: White/KEENAN & ASSOCIATES       Send to Business Office,       Form is to be completed and forward to Business Office,         Canary/District Business Office       Send to Business Office,       forward to Business Office         Pink/Retain for School File       within 24 hours         Gold/Health File       Send to Business Office

#3000-30