DISTRICT
ADDRESS

TELEPHONE/FAX

SUBMIT TO:
KEENAN & ASSOCIATES
1111 Broadway Avenue, Suite 2000
Oakland, CA 94607
TELEPHONE: (510) 986-6750
(800) 344-8507
FAX: (510) 986-6756

CONFIDENTIAL - ATTORNEY/CLIENT WORK PRODUCT PRIVILEGE
This report is to be completed by school district employees. This form is a confidential, internal, document; its contents are not to be shared or copied for any persons who are not school district employees and/or their legal representatives.

CONFIDENTIAL SCHOOL ACCIDENT REPORT

IN CASE OF SERIOUS INJURIES, A TELEPHONE REPORT IS TO BE MADE IMMEDIATELY

NOTE: The school employee either witnessing the accident or supervising at the time should complete and submit this form within 24 hours. Please type or print using ball point pen.

DATE OF REPORT	NAME OF SCHOOL
ADDRESS OF SCHOOL (NUMBER, STREET, CITY AND ZIP CODE)	

NAME OF INJURED PERSON (LAST, FIRST, M.I.)	AGE	GRADE	TELEPHONE NO. OF INJURED PERSON
IS INJURED PERSON A MINOR ☐ NO ☐ YES	NAME OF PARENT OR LEGAL GUARDIAN		
ADDRESS OF PERSON INJURED (NUMBER, STREET, APARTMENT NUMBER, CITY, STATE AND ZIP CODE)			

WHERE DID ACCIDENT OCCUR	DATE (MONTH/DAY/YEAR)	TIME ☐ AM ☐ PM
DESCRIBE HOW ACCIDENT OCCURRED (USE FACTS ONLY; EXCLUDE OPINIONS AND/OR ASSSUMPTIONS)		

FIRST AND LAST NAME OF PERSON IN CHARGE AT TIME OF ACCIDENT	TITLE OF PERSON (TEACHER, VOLUNTEER, ETC.)	WAS HE/SHE PRESENT AT THE TIME? ☐ NO ☐ YES	INJURED VIOLATED SCHOOL RULE? ☐ NO ☐ YES

NAME OF WITNESS(ES)	ADDRESS	TELEPHONE NO.	STATUS (Student/Volunteer, etc.)

APPARENT NATURE OF INJURY (PLEASE CHECK)

☐ Abrasion ☐ Fracture ☐ Strain/Sprain
☐ Contusion ☐ Cut ☐ Dislocation
☐ Internal ☐ Concussion
☐ Other (Explain)_____

INJURED PART OF BODY (PLEASE CHECK)

☐ Head ☐ Finger ☐ Arm ☐ Abdomen
☐ Neck ☐ Eye ☐ Leg ☐ Hand
☐ Back ☐ Chest ☐ Face ☐ Foot
☐ Other (Explain) _____

FIRST AID PROCEDURES USED	NAME OF PERSON WHO ADMINISTERED FIRST AID

DISPOSITION OF INJURED AFTER ACCIDENT ☐ Home ☐ Doctor ☐ Hospital ☐ Class	WHO WAS NOTIFIED	RELATIONSHIP TO INJURED
IF INJURED PUPIL LEFT SCHOOL, TO WHOM RELEASED	NAME AND ATTITUDE OF ANYONE CONTACTING SCHOOL	
STUDENT ACCIDENT BENEFITS AVAILABLE ☐ NO ☐ YES / NAME OF COMPANY	REMARKS	
REMARKS CONTINUED		

NAME OF PERSON COMPLETING REPORT	STATUS	TELEPHONE NUMBER OF PERSON
ADDRESS OF PERSON (NUMBER, STREET, CITY, STATE AND ZIP CODE)		WAS PERSON AN EYE WITNESS? ☐ NO ☐ YES
SIGNATURE OF PERSON APPROVING REPORT		DATE SIGNED