ROMOLAND SCHOOL DISTRICT
25900 Leon Road • Homeland, CA 92548
(951) 926-9244 • FAX: (951) 926-2170

SUBMIT TO:
Romoland School District
ATTN: Karen Owen
25900 Leon Road
Homeland, CA 92548
(951) 926-9244, Ext. 235

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.

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

CONFIDENTIAL SCHOOL ACCIDENT REPORT

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 Person Injured: _____ **Age:** _____ **Grade:** _____
(Last Name, First, MI)

Telephone Number of Injured Person: _____

Is Injured Person A Minor: ☐ NO ☐ YES **Name of Parent/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 assumptions)

_____

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 Number**	**Title** (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: _____

Name of Person Completing Report: _____ **Title:** _____ **Telephone Number of Person:** _____

Signature of Principal/Designee Approving Report: _____ **Date Signed:** _____