



Woodland Joint Unified School District
STUDENT ACCIDENT REPORT

Please type this form.

Use this form if student required medical attention by staff and/or school nurse, if student was taken by an ambulance, or if family took student to emergency room.

School: Date of Injury: Time of Injury:

Student: Date of Birth: Age: Grade:

Parent:

Home Address: Phone:

Was First Aid Given? Yes No By Whom:

Describe First Aid Provided:

Is the Student Covered by Insurance? Yes No Unknown By Whom:

Who Else Was Involved Besides Student? Another Student Outside Person Unknown No One

Witnesses:

Name: Phone:

Name: Phone:

Name: Phone:

Name of Supervisor on Duty:

Table with 2 columns and 6 rows: Campus Location of Injury, Body Part Injured, Description of Injury, Cause of Injury, Sports/Recreation Activity, Playground Equipment Involved.

Briefly Describe How Injury Occurred:

Who Contacted Parents? Date Time Person Spoken To

Was Student: Returned to Class Sent Home Taken to Hospital Other (Specify)

Did Work Order Result From Accident? Yes No

Report Completed By: Title:

Date: Phone:

Keep this report for your records. Student Accident Reports are only sent to the Superintendent's Office if the accident resulted in a major incident and is accompanied by an Incident Report.