



# Acalanes Union High School District STUDENT INJURY REPORT

You can complete this form on your own computer. To move from field to field, use the Tab key. You may then print the document and if desired, save the completed document to your own computer. Duplicate fields will be repopulated after your first entry.

## File Within 3 Days of Injury

### TO BE COMPLETED BY STUDENT

Name of Injured: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

1<sup>st</sup> Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_ School of Attendance: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_  am  pm

Apparent Nature & Place of Injury (bruise, sprain, right arm, leg, etc): \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

Class/Activity at time of injury: \_\_\_\_\_

Cause of Injury: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Health Insurance Carrier: \_\_\_\_\_

Names of persons present when injury occurred: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### TO BE COMPLETED BY TEACHER/COACH

How did accident occur? \_\_\_\_\_

First Aid given: \_\_\_\_\_

Disposition of student: \_\_\_\_\_ Was parent/guardian contacted? \_\_\_\_\_

\_\_\_\_\_  
Teacher/Coach Signature

\_\_\_\_\_  
Date

### TO BE COMPLETED BY NURSE

Name of person contacted (parent/guardian/other): \_\_\_\_\_ Relation: \_\_\_\_\_

No Medical Care  Went to Doctor/Hospital  Other: \_\_\_\_\_

\_\_\_\_\_  
Nurse Signature

\_\_\_\_\_  
Date

### REVIEWED BY SCHOOL ADMINISTRATOR

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date