Student Accident / Incident Report

Sonoma County Office of Education

DATE OF REPORT _____

Instructions: This form is to be completed by the SCOE employee who either witnesses the student accident/incident or who is supervising the student at the time of the injury. The report should be submitted immediately to the SCOE principal, who then forwards the form to RESIG (Attention: P&L Department, 5760 Skylane Boulevard, Suite 100, Windsor, CA 95492).

SCHOOL/SITE _____ DISTRICT/COUNTY OFFICE_____

SCHOOL/SITE ADDRESS _____ Phone Number _____

STUDENT'S NAME _____ Date of Birth _____ ❑ Female ❑ Male

PARENT/GUARDIAN NAME_____ Phone Number _____

REPORTED BY (name and title) _____

DATE OF ACCIDENT/INCIDENT _____ Time _____ Location _____

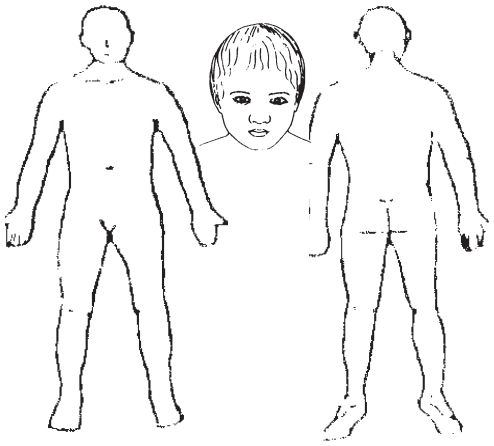
TYPE OF ACCIDENT/INCIDENT

- ❑ Accident
- ❑ Incident
- ❑ Choking
- ❑ Ingestion of Foreign Object
- ❑ Unauthorized Departure/Elopement
- ❑ Medication Error
- ❑ Harmful Act to Self
- ❑ Harmful Act to Staff
- ❑ Harmful Act to Others
- ❑ Destruction of Property
- ❑ Violation of School Rule
- ❑ Other (specify) _____
- ❑ Injury of Unknown Origin
- ❑ Adverse Environmental Exposure
- ❑ Equipment Malfunction
- ❑ Possession of Weapon
- ❑ Possession of Illegal Substance/Paraphernalia

NATURE OF INJURY

- ❑ Abrasion
- ❑ Asphyxiation
- ❑ Bite
- ❑ Break/Fracture
- ❑ Bruise
- ❑ Burn
- ❑ Concussion
- ❑ Cut
- ❑ Dislocation
- ❑ Poisoning
- ❑ Puncture
- ❑ Scratch
- ❑ Sprain
- ❑ Other (specify)_____

_____



Put a descriptive mark at the site of the injury

PART OF BODY INJURED

- ❑ Abdomen
- ❑ Ankle
- ❑ Arm
- ❑ Back
- ❑ Chest
- ❑ Ear
- ❑ Elbow
- ❑ Eye
- ❑ Face
- ❑ Finger
- ❑ Foot
- ❑ Hand
- ❑ Head
- ❑ Knee
- ❑ Leg
- ❑ Mouth
- ❑ Nose
- ❑ Scalp
- ❑ Tooth
- ❑ Wrist
- ❑ Other (specify)_____

Indicate left or right side ❑ Left ❑ Right

CARE/TREATMENT GIVEN (i.e., type of first aid given, medication, etc.)

_____

_____

_____

DISPOSITION OF STUDENT

❑ Returned to Class ❑ Home ❑ Hospital ❑ Police ❑ Doctor ❑ Suspension

❑ Emergency Transportation ❑ Other (specify) _____

STUDENT RELEASED TO (name and title) _____

STUDENT'S NAME _____

DATE OF REPORT _____

This information is for the confidential use of RESIG and of the attorneys for the County Office and its employees in defending litigation.

DESCRIPTION OF ACCIDENT/INCIDENT (attach additional sheet if necessary)

_____

_____

_____

_____

_____

Was the accident/incident observed by staff? ❑ No ❑ Yes—name/title of person _____

Was the accident/incident reported by another source? ❑ No ❑ Yes—name/title of source _____

Were there additional witnesses? ❑ No ❑ Yes—provide the name, title, and phone number of additional witnesses below

1. _____
2. _____
3. _____

OTHER PERSONS INJURED AS A RESULT OF THIS INCIDENT

_____

_____

SUGGESTED ACTION TO PREVENT RECURRENCE

_____

_____

DID THE INCIDENT REQUIRE THE USE OF A BEHAVIORAL EMERGENCY INTERVENTION? ❑ No ❑ Yes

If yes, describe the intervention and attach behavioral emergency report.

_____

_____

NOTIFICATIONS MADE	date	time	by (initials)	method (phone, note, etc.)
❑ Site Administrator	_____	_____	_____	_____
❑ Parent/Guardian	_____	_____	_____	_____
❑ Careprovider	_____	_____	_____	_____
❑ Nurse	_____	_____	_____	_____
❑ Teacher	_____	_____	_____	_____
❑ Assistant	_____	_____	_____	_____
❑ Law Enforcement	_____	_____	_____	_____
❑ Other (specify)	_____	_____	_____	_____

COMMENTS

_____

_____

_____

EMPLOYEE SIGNATURE _____ DATE _____

PRINCIPAL OR DESIGNEE _____ DATE _____

STUDENT'S NAME _____

DATE OF REPORT _____

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DESCRIPTION OF ACCIDENT/INCIDENT (continuation from page 2)