

Redwood Empire Schools' Insurance Group Student Accident Report

Instructions: TO BE COMPLETED IMMEDIATELY when an incident involving a student occurs requiring attention **BEYOND BASIC FIRST AID**. The school employee who either witnessed the student injury or was supervising the student at the time of injury, should complete this form, if possible. If additional pertinent facts develop, notify the principal's office immediately. **NOTE: This report is for the confidential use of RESIG and of attorneys for the school district and its employees in defending litigation.**

School District	School/Site:	Phone #:
Student's Name:	Parent/Guardian:	D.O.B. Sex Grade
Home Address		Phone No:
Where did accident occur? (e.g. playground, classroom, hallway, etc)	Date of Incident:	Time:
Description of Incident:		

Describe Injury (e.g., bite, fracture, bump, cut, sprain, etc.)		
Part of body injured: (Be specific)		
Disposition of student: (e.g., back to class, home, hospital)		
Was blood or other bodily fluid involved? Yes _____ No _____		
What type of first aid was provided:		
Does injured student have student accident insurance? Yes ___ No ___ Name of Insurance Company?		
Was any school rule violated?		Name of nearest supervisor:
Yes _____	No _____	

<u>Witnesses Present at Time of Accident</u>		
Name	Address	Phone No.
Have parents contacted school? Yes ___ No ___	Were parents contacted by school? Yes ___ No ___	Were parents or student told they would be contacted? Yes ___ No ___ If Yes, explain below.
Comments: _____		
Report Submitted by:	Position:	Date:
Principal or Designee Signature		Date:

Distribution: Upon completion of form, please follow district procedures.

(District: please fax or send copy to RESIG 5760 Skylane Boulevard, Suite 100 Windsor, CA 95492 [Fax 836-9079] Attn: P & L Dept.)

Note: Any special concerns regarding this incident should be reported to RESIG at 836-0779 as soon as possible.