



# AESD STUDENT/ VISITOR INJURY REPORT

## Purpose

Although every reasonable effort is made by the District to prevent injuries to students or visitors, it is inevitable that accidents will occur. In response to these unforeseen injuries, after first aid and/ or medical attention has been administered, a complete report must be completed. The following provides the procedures for completing the Accident Report and where to submit and file it.

## General Procedures

**Reporting:** It is the responsibility of District staff to prepare injury reports in connection with each reportable, or potentially reportable, injury involving students or visitors and occurring either on the property of the AESD or any school/ District-sponsored activity. Injury reports are due to the District Office within 24 hours of the reported accident.

**Report:** The standard Injury Report shall be used for all student related playground, campus and/or fieldtrip injuries, etc. and for all visitors on our campus. Please email a completed copy to the Risk Management Department and please keep a copy of the report on file in your school office. ***Maintain contents of injury report as confidential information. Do not release reports to anyone, other than authorized school personnel.***

**Liability:** In the event that we have a claim against the district for an injury, this report and witnesses may be called to provide information, thus it is very important to fill out the report to the best of your knowledge, listing all pertinent details and witnesses at the time of the injury.

**Definition:** The following are reportable injuries:

- **All** head injuries (contact parents/ guardians and send Head Injury Notice home.)
- **Injuries** resulting in the student being sent home.
- **Injuries** requiring emergency medical treatment; i.e. 911 calls, doctor or hospital care or anytime a student is advised to see a doctor. (You may suggest that they seek medical attention, however unless you are a qualified medical examiner, doctor, nurse, EMT, etc. Be cautious in giving advice.)
- **Injuries** resulting in a student missing time away from school, due to the injury.
- **Bites** from an animal or another child.
- **Physical altercation** between student or another person.

**Seriousness of Injuries:** Any injury where there is doubt of the seriousness, shall be reported. It is better to be on the side of caution.

**FORM: STUDENT/ VISITOR INJURY REPORT (FOR INTERNAL USE ONLY). Use online only.**

REFERENCES: ED Code 51202 Insurance in personal and public health and safety; AESD Board Policy 5141.1. Student Accidents



# STUDENT/ VISITOR INJURY REPORT

Please Type or use black ink

Site Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date & Time (approx.) of incident: \_\_\_\_\_

School/ Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Injured Person: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address or location where injury occurred  
(if different than school/ site address): \_\_\_\_\_

How did injury occur?  
(Please provide an accurate description of how injury occurred): \_\_\_\_\_

Specific area on facility where injury occurred: \_\_\_\_\_

Name of Employee with most knowledge of incident: \_\_\_\_\_ Title: \_\_\_\_\_

### WITNESSES PRESENT AT TIME OF INJURY

| NAME | AGE (if student) | ADDRESS | PHONE |
|------|------------------|---------|-------|
|      |                  |         |       |
|      |                  |         |       |
|      |                  |         |       |
|      |                  |         |       |

Name of Injury:  
(Part of body; type of injury): \_\_\_\_\_

What type of First Aid was applied and by Whom: \_\_\_\_\_

Disposition of injured person  
(return to class, home, dr, hospital): \_\_\_\_\_

Does injured student have school insurance coverage?:  Yes  No

Name of Insurance Company: \_\_\_\_\_

Have student's parents been contacted?:  Yes  No

What were their directives?: \_\_\_\_\_

Comments (if any): \_\_\_\_\_

### Confidential- Attorney/ Client Work Product Privilege

***This report is to be completed by school district employees. This form is confidential, internal document; its content are not to be shared or copied for any persons who are not school district employees and/ or their legal representatives.***

Report submitted by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_