

San Francisco Unified School District  
**INJURY, STUDENT REPORT**

**PRIVILEGED AND CONFIDENTIAL**

San Francisco Unified School District  
**INFORMATION**  
 555 Franklin St. 3<sup>rd</sup> Floor  
 San Francisco, CA 94102

**INSTRUCTIONS** Use this form to report accidents occurring to SFUSD students on school premises on the way to or from school or on a field trip. Send the original to the Legal Office with a copy to the Risk Management Office and keep a duplicate for your school file.

**STUDENT**

Last	(First)	(Middle Initial)	(Birth Date)	(Today's Date)
(Address) Number of Street		(Zip)	Home Phone	(School/Site)
(Parent/Guardian)			(Emerg. Phone)	(Relationship)

**DESCRIPTION OF INCIDENT**

(Injury Date)	(Time)	(Place)	(Person in Charge)
/ /	:		
(Give circumstances of injury. If student was violating school rules, explain:)			
(Apparent extent of injury)		(Describe emergency care given at injury)	
(If student was taken to doctor/hospital, give:)		(By Whom)	(Last name of doctor)
(Date)	(Time)		
/ /	:		
(Hospital)	(Address) Number and Street	(Zip)	(Phone)
(If parent was notified, give:)	(By Whom)	(Telephone called: )	
(Date)	(Time)		
/ /	:		

**WITNESS INFORMATION (If necessary, see additional sheet for more information)**

(Witness Name)	(Address)	(Zip)	(Day Phone)	(Even. Phone)
1.				
2.				

**SIGNATURE INFORMATION**

(Principal/Site Manager)	(Title)	(Person reporting injury)	(Title)

**ROUTING INFORMATION:** The Principal or Site Manager shall make a Report of Student Injury on the day an accident occurs. In the case of a serious accident the Principal or Site Manager shall telephone immediately to the appropriate Area Superintendent, or in the case of a Children's Center to the office of the Administrator of the Children's Centers) giving details. For a serious accident signed statements from witnesses shall be forwarded to the Legal Office with a copy to the Risk Management Office within 4 hours.