



1791 W. Acacia Ave.
Hemet, CA 92544

STUDENT ACCIDENT REPORT

CONFIDENTIAL – To be completed by Site Representative

Safety/Risk
Management

951-765-5100
ext. 2305, 2301, 2300
FAX 951-765-5121

IN CASE OF SERIOUS INJURY, call 911 IMMEDIATELY. Call the Safety Office ASAP at 951-765-5100 ext. 2305.

Site:	Date/Time of Incident:
Nature of Injury:	Date/Time Reported:
Describe the Incident: What? How? Where?	
Response to the Incident: Who? First Aid?	

Injured Student Information	Student Released To
Name:	Name/Relationship:
Age:	Address:
Address:	Phone:
Phone:	Date/Time:
Student's Insurance Info:	Demeanor: I
School Attended:	Hospital Name:

Person in Charge at Time of Incident	Person Who Completed This Form
Name/Title:	Name:
Phone:	Title:
Present at time of incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone:
School Rule Violated? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:	Date:

Witness Information	
Name/Title:	Phone:
Name/Title:	Phone:

CONFIDENTIAL – ATTORNEY/CLIENT WORK PRODUCT PRIVILEGE

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

**Additional
Remarks:**

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