

## 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 <input type="checkbox"/> No <input type="checkbox"/>  |                             |                             |
|  |                             |                             |
| What type of first aid was provided:   |                             |                             |
|  |                             |                             |
| Does injured student have student accident insurance?    Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Insurance Company? |                             |                             |
|  |                             |                             |
| Was any school rule violated?  |                             | Name of nearest supervisor: |
| Yes <input type="checkbox"/>   | No <input type="checkbox"/> |                             |

| <u>Witnesses Present at Time of Accident</u>   |   |  |
|--|---|--|
| Name   | Address   | Phone No.  |
|  |   |  |
|  |   |  |
| Have parents contacted school?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Were parents contacted by school?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Were parents or student told they would be contacted? Yes <input type="checkbox"/> No <input type="checkbox"/><br>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.