



## VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

### CONFIDENTIAL STUDENT ACCIDENT/ILLNESS REPORT PROCEDURES

- ❖ Within 24 hours of occurrence, complete the accident report out completely, giving as much information as possible. **Specific details such as; who was involved, what happened, where incident happened, when incident began and ended, student's physical symptoms, physical injuries- seen or not seen, injured student comments regarding the injury, witness statements, facts only, do not be vague.**
- ❖ The form should be filled out by the employee in charge, with assistance from office staff.
- ❖ **All 911- EMS injuries transported from school/away games/practices/etc. Employee in charge or office staff must inform Risk Manager immediately, [Khardy@vvhhsd.org](mailto:Khardy@vvhhsd.org) (760) 955-3201 ext. 10205. Provide your name, site, student's name, injury status, location injury occurred.**
- ❖ All 911-EMS injured students that do not return to class, Student Accident Report and all other statements, site documents, pictures, etc., must be jet mailed to Risk Manager. Originals are to be sent to Risk Manager.
- ❖ Original forms and all back up for those students that do not require EMS or parent release are to be **kept at site in locked drawers. All student injury and illness are to be reported on Student Accident Report forms.**
- ❖ Video if available, is to be captured on memory stick and sent in jet mail.
- ❖ Pictures of injury, equipment, classroom, area where injury occurred are to be sent in jet mail, email only if necessary.
- ❖ Any forms currently being used may be submitted along with the Student Accident Report, however for consistency, this form must be used.
- ❖ Confidential Student Accident Report forms should be readily available to all staff, after school activities, practices, etc.
- ❖ This form is confidential, do not distribute unless pre-approved by Risk Management.



VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

CONFIDENTIAL STUDENT ACCIDENT REPORT

\*\*SUBMIT TO RISK MANAGEMENT\*\*

To be filled out by employee in charge within 24 hours

CONFIDENTIAL- ATTORNEY/CLIENT WORK PRODUCT PRIVILEGE. This report is to be completed by school district employees. This form is a confidential, internal document. The contents are not to be shared with any persons who are not school district employees and/or their legal representatives.

In cases of 911-EMS students transported via ambulance, a report is to be made IMMEDIATELY to Risk Management.

School \_\_\_\_\_ School Address \_\_\_\_\_

Name of Injured Student \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Name of Parent/Guardian \_\_\_\_\_

Specific Location of Accident \_\_\_\_\_ Date of Injury \_\_\_\_\_ Approx. Time \_\_\_\_\_

Nature of Injury & Student's Condition \_\_\_\_\_ Part of Body Injured \_\_\_\_\_

Action Taken-  First Aid by whom \_\_\_\_\_  School Nurse  Primary Care Physician  No Treatment

EMS Called  Yes  No EMS Transport  Yes  No If yes, to where \_\_\_\_\_

If EMS is called- a report is made to the Risk Management Department ASAP.

Person Notified  Mother  Father  Other \_\_\_\_\_ By whom \_\_\_\_\_

Leaving Campus (parent release etc.- Send to Risk Management  Returned to Class -do not send form to Risk Management

Employee in Charge at Time of Accident \_\_\_\_\_ Employee Present  Yes  No

Employee Statement-Use facts only: (for further details use back of page or statement continuation page) DETAILS, who, what, where, when-injured student comments, physical injury or illness

Violation of School Rules  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness Present at Time of Accident

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Report Prepared by \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_





