



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 # _____

Where did accident occur? (e.g. playground, classroom, hallway, etc.) _____ Date of Incident _____ Time _____

Description of incident (add additional page, if needed)

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, etc.)

Was blood or other bodily fluid involved? Yes No

What type of first aid was provided?

Does injured student have student accident insurance? Yes No

Yes If yes, provide the name of the Insurance Company:

Was any school rule violated? If yes, specify violation: _____ Name of nearest Supervisor _____

Witnesses Present at Time of Accident

Name	Address	Phone #
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Have parents contacted the school? Yes No

Were parents contacted by school? Yes No

Were parents or students told they would be contacted? Yes No If yes, explain:

Comments:

Report submitted by	Position	Date	Principal or Designee Signature	Date
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Distribution: Upon completion of form, please follow District procedures. (District: Please fax or send a copy to RESIG; 5760 Skylane Blvd., Suite 100, Windsor, CA 95492; FAX: 836-9079 – Attn: P&L Department. NOTE: Any special concerns regarding this incident should be reported to RESIG at 836-0779 ext. 106 or 121 as soon as possible).