

EL DORADO UNION HIGH SCHOOL DISTRICT  
**Personal Injury Accident Report**

The information contained in this report is confidential and will be used only by EDUHSD and Schools Insurance Authority.

SCHOOL			INJURED IS		
Ponderosa High School			<input checked="" type="checkbox"/> Student <input type="checkbox"/> District Employee <input type="checkbox"/> Other, specify: _____		
STUDENT NAME	AGE	GRADE			
ADDRESS			PARENT'S NAME (IF INJURED IS STUDENT OR MINOR)		
WHERE DID ACCIDENT OCCUR		DATE OF ACCIDENT	TIME ACCIDENT OCCURRED	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>A. APPARENT NATURE OF INJURY</b>					
<input type="checkbox"/> Abrasion (scraped wound) <input type="checkbox"/> Bite, specify: _____ <input type="checkbox"/> Bruise <input type="checkbox"/> Burn <input type="checkbox"/> Chipped/broken teeth		<input type="checkbox"/> Head injury <input type="checkbox"/> Internal <input type="checkbox"/> Laceration <input type="checkbox"/> Possible dislocation <input type="checkbox"/> Possible fracture		<input type="checkbox"/> Possible sprain <input type="checkbox"/> Swelling <input type="checkbox"/> Other, specify: _____	
<b>BODY PART INJURED</b> (where appropriate, indicate "R" for right or "L" for left)					
<input type="checkbox"/> Abdomen _____ <input type="checkbox"/> Back _____ <input type="checkbox"/> Eye _____ <input type="checkbox"/> Finger _____ <input type="checkbox"/> Genitals _____ <input type="checkbox"/> Head _____ <input type="checkbox"/> Neck _____ <input type="checkbox"/> Arm _____ <input type="checkbox"/> Chest _____ <input type="checkbox"/> Face _____ <input type="checkbox"/> Foot _____ <input type="checkbox"/> Hand _____ <input type="checkbox"/> Leg _____					
<b>B. DESCRIBE HOW ACCIDENT OCCURRED</b>					
DESCRIBE INCIDENT					
WERE ANY SCHOOL RULES VIOLATED?		<input type="checkbox"/> No <input type="checkbox"/> Yes, explain: _____			
PERSON IN CHARGE WHEN ACCIDENT OCCURRED		DID PERSON IN CHARGE OBSERVE?		OTHER WITNESSES	
		<input type="checkbox"/> No <input type="checkbox"/> Yes			
WAS INJURY REPORTED TO SCHOOL PERSONNEL AT THE TIME OF THE ACCIDENT?			<input type="checkbox"/> No <input type="checkbox"/> Yes		
WHAT WAS DONE FOR THE INJURED AT SCHOOL? BY WHOM?				HOW DID THE INJURED LEAVE PLACE OF ACCIDENT?	
DISPOSITION OF INJURED:		<input type="checkbox"/> To Class <input type="checkbox"/> Home <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital		TIME:	
IF INJURED LEFT SCHOOL, TO WHOM RELEASED?		WHO WAS NOTIFIED?		RELATIONSHIP	
NOTIFIED BY WHOM?		TIME:		MEDICAL CARE ADVISED?	
		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> No <input type="checkbox"/> Yes	
COMMENTS:					
X					
Signature of Person Completing Report		Print Name		Date	