Irvine Unified School District

STUDENT INJURY REPORT

Date: _____

Distribution: Original: School Site Health Office
Copy: 936-5019 (fax) OR RiskManagement@iusd.org

Name of injured person: _____ Teacher: _____ Grade: _____ School: _____

Place where accident/injury occurred: _____

Date of injury: _____ Time of injury: _____ Time incident reported to adult: _____

Did child report immediately to office? ☐YES ☐NO If NO, why not? _____

STUDENT REPORT OF INJURY

Student report of how injury/illness occurred: _____

To whom did you report the accident/injury? _____

SCHOOL STAFF REPORT

CONFIDENTIAL INFORMATION – DO NOT COPY SCHOOL STAFF REPORT

Name of Employee(s) rendering First Aid: _____

Name of Employee(s) supervising student at time of accident/injury: _____

Physical complaints related to accident/injury: _____

Description of First Aid treatment: _____

Was the School Nurse present? ☐YES ☐NO If YES, provide name: _____

Did anyone witness the injury? ☐YES ☐NO If YES, provide name(s): _____

Were other student(s) involved? ☐YES ☐NO If YES, provide name(s): _____

Child was:

- Returned to class ☐
- Referred to doctor ☐
- Sent home with parent ☐
- **Released with parent permission to paramedics** ☐

Describe how the Injury/illness occurred: _____

Signature of Employee Making Report _____ Date Completed _____