



ORANGE COUNTY DEPARTMENT OF EDUCATION

Report of Student Accident/Injury

Date of Report _____

NAME OF STUDENT _____ AGE _____ ROOM # _____ SEX _____

SCHOOL SITE _____

PARENT OR LEGAL GUARDIAN _____

PLACE WHERE ACCIDENT OCCURRED _____ Date: _____ Time: _____

DESCRIPTION OF ACCIDENT _____

Was injured disobeying any rule or regulation in force at the time of accident?

Was injured negligent? _____ If so, how? _____

Name of person in charge at time of accident _____

Probable nature of injury _____

Nature of injury determined by _____

Persons present at time of accident _____

What was done for the injured? _____

Who was notified _____ Relationship to injured: _____

REMARKS _____

REPORT SUBMITTED BY _____ Telephone No. _____

**CONFIDENTIAL—ATTORNEY/CLIENT WORK
PRODUCT PRIVILEGE**
**This report is to be completed by OCDE employees. This form is a
confidential, internal document: its contents are not to be shared or
copied for any persons who are not OCDE employees and/or their
legal representatives.**
**IN CASE OF SERIOUS INJURIES, A TELEPHONE REPORT IS
TO BE MADE IMMEDIATELY TO RISK MANAGEMENT..**

SIGNED _____

Principal

School Nurse

NOTE: The employee either witnessing the accident or supervising at the time should complete and **submit this form within 24 hours.**

One copy of this report must be filed with the school office and Risk Management for every injury, no matter how trivial (including injuries resulting from seizures).