

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 Santa Rosa City Schools	School/Site:	Phone #:
Student's Name:	Parent/Guardian:	D.O.B.
		Sex
		Grade
Home Address	Phone No:	
Where did accident occur? (e.g. playground, classroom, hallway, etc)	Date of Incident:	Time:
Description of Incident:		

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)
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 <u>X</u> Name of Insurance Company?
Was any school rule violated? Yes ___ No ___ Name of nearest supervisor: _____

Witnesses Present at Time of Accident		
Name	Address	Phone No.
Have parents contacted school? Yes ___ No ___	Were parents contacted by school? Yes No ___	Were parents or student told they would be contacted? Yes ___ No ___ If Yes, explain below.
Comments:		
Report Submitted by:	Position:	Date:
		Principal or Designee Signature
		Date:

Distribution: Upon completion of form, please follow district procedures.

(District please fax or send copy to RESIG 5760 Skyland Boulevard, Suite 100 Windsor, CA 95492 [Fax 836-9079] Attn: P & L Dept.)  
Note: Any special concerns regarding this incident should be reported to RESIG at 836-0779 as soon as possible.