

Student Injury Report

PRIVILEGED AND CONFIDENTIAL



Instructions: Use this form to report accidents occurring to SFUSD students on school premises, on the way to or from school, or on a field trip. The Principal or Site Manager must report a student injury on the day an accident occurs. Please submit the completed form as a PDF to riskmanagement@sfusd.edu (or fax to 415-241-6330).

Student Information

Student Name	Birth Date	Today's Date
Street Address	Zip	Home Phone
Parent/Guardian	School/Site	Relationship

Description of Incident

Injury Date	Time	Place	Person in Charge
Give circumstances of injury. If student was violating school rules, explain.			
Apparent extent of injury		Describe emergency care given, if any	
If student was taken to doctor/hospital:			
Date	Time	By whom	Hospital
If parent was notified:			
Date	Time	By whom	Telephone called

Witness Information

Witness Name	Address	Zip	Phone

Staff Information

Principal/Site Manager	Title	Person reporting injury	Title
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