Lemoore Union High School District
101 E. Bush Street Lemoore, CA 93245 559-924-6600

Student Accident Report

COMPLETE IMMEDIATELY! THE DISTRICT EMPLOYEE, WHO EITHER WITNESSES THE STUDENT INJURY AND/OR IS SUPERVISING THE STUDENT AT THE TIME OF THE INJURY, SHOULD COMPLETE THIS FORM AND SUBMIT IT IMMEDIATELY TO THE SCHOOL NURSE OR ADMINISTRATOR. SHOULD OTHER PERTINENT FACTS DEVELOP, TURN IN A SUPPLEMENTAL REPORT AS SOON AS POSSIBLE. THIS REPORT IS FOR THE CONFIDENTIAL USE OF *Lemoore Union High School District*; IT'S ATTORNEYS', SISC II AND IT'S EMPLOYERS IN LITIGATION CASES.

☐ *Lemoore Union High School District* ☐ *Jamison High School*
☐ *Yokuts / Gundacker* ☐ *Lemoore Middle College High School*

Student's Name: _____ DOB: _____ Grade _____
Home Address: _____ Home Phone: _____ - _____ - _____
_____

Date of Accident: ___ / ___ / ___ Time of Accident: _____ ☐AM ☐PM

How did the Accident occur? (Please be specific)

Was First Aide Applied? ☐ YES ☐ NO By Whom: _____
☐ Applied Pressure ☐ Cleaned ☐ Band Aide ☐ ICE ☐ Elevate ☐ Ace Wrap ☐ Splint
☐ Other _____

Rate the injured students pain level upon **arrival**: (0 = no pain / 10 = severe pain)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Where did the student go?
☐ Returned to Class ☐ Home ☐ Doctor ☐ Hospital (_____)
via ☐ EMT ☐ Parent/Guardian

Rate the injured students pain level upon **dismissal**: (0 = no pain / 10 = severe pain)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Were any School Rules Violated? ☐ Yes ☐ No
Explanation:

Were there witnesses present? ☐ Yes ☐ No
Name: Title:
_____ _____
_____ _____

Were Parents / Guardians Contacted by the School? ☐ Yes ☐ No
Parent / Guardian Name: Phone Number:
_____ _____
Explanation of Contact Conversation:
_____

Report Submitted by: _____ Title: _____
Signature: _____ Date: ___ / ___ / ___
Follow up:
_____
_____
_____