Douglas County School District Phone: 303-387-0036

Risk Management Fax: 303-387-0112

STUDENT ACCIDENT OR ILLNESS REPORT

1. GENERAL INFORMATION

School

Exact location

Date of Incident

Time of Incident

1. STUDENT INFORMATION

Student Name Home Address Parents/Guardians

Sex Age Grade Home Phone Work Phone

1. INCIDENT INFORMATION

Part of body involved Equipment Involved

Description of event in order of occurrence (be specific)

First Aid care given (be specific)

Care given by whom ? Title

Medical allergies or conditions per emergency card Released from school ? If yes, where taken? Accompanied by whom? Referred to family physician? Doctor’s name:

1. REPORTING INFORMATION

Discovered by Title

Parent/Guardian contacted Date Time

1. MISCELLANEOUS INFORMATION

Supervisor/Principal signature Title Date

\*\*\*\*\* This form does not constitute an insurance claim \*\*\*\*\*

INSTRUCTIONS

1. THIS FORM MUST BE COMPLETED FOR ALL INJURIES REQUIRING MEDICAL ATTENTION, AND FOR ALL SERIOUS ILLNESSES.
2. THIS FORM SHOULD BE FORWARDED TO RISK MANAGEMENT WITHIN 24 HOURS. THE PARENT/GUARDIAN COPY SHOULD BE SENT HOME WITH THE STUDENT.

Original – Risk Management (injuries) Copy – Parent/Guardian Copy – School Files

Revised August 18