

MEDICAL EMERGENCY / ACCIDENT STUDENT REPORT

Date: _____ Name of Injured Student: _____

School District: _____ School: _____

District Address: _____

Phone No.: _____

Home Address: _____

Phone No.: _____

Sex: M / F _____ Date of Birth: _____

Enrolled in ROP/TC Class: _____

When did the medical emergency occur? (Date & Exact Time):

Where did the medical emergency occur? (Address, City, and County):

What was the injured person doing when the injury occurred? (Specific details including tools used, equipment person was using, etc.)

How did the accident occur? (Describe fully the events that resulted in injury or occupational disease. Describe in detail what and how it happened. Include and specify the object or substance that directly injured or caused injury to the person. Use separate sheet if necessary).

Nature of injury or illness and part of body affected:

Name, address, and phone no. of physician or hospital (please refer to Irwindale Industrial Clinic, 6000 N. Irwindale Avenue) if not examined yet:

Was student unable to attend school on any day after the injury? Yes / No

If Yes, please provide date last attended: _____

Did student die? Yes / No

Was another person (or more) responsible for the incident? Yes / No

If Yes, please provide details if possible:

Report completed by: _____ Title: _____

Injured person's signature (if available): _____