

**HILMAR
UNIFIED
SCHOOL
DISTRICT**

CONFIDENTIAL –ACCIDENT/INJURY REPORT

This form should be completed on all injuries to students or non-students (other than District employees) and turned in immediately to your District Office for transmittal to your CVSJPA claims administrator.

Today's Date _____

School Site _____

Date of Injury _____

Name of Injured Person	
Age or Birthdate	
Parent or Other Contact	
Address	
Telephone Number	()

Description of Injury	
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Cause of Injury	
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Medical Attention Given	
By Whom?	

Disposition of Injured Person <i>(return to class, home, Dr., hospital)</i>	
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Witnesses to Injury

Name	Address	Phone #

What contact, if any, was made with home?	
Has the student returned to school? If yes, when?	

If a non-student, state why injured person was on premises:	
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Submitted by		Title	
Phone #		Signature	

CONFIDENTIAL (For Possible Litigation Purposes)