



Joseph A. Ovick, Ed.D., Superintendent of Schools

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REPORT OF STUDENT ACCIDENT

Student's Name _____ Male Female Age ___ Adult

Name of Parent/Guardian (if applicable) _____

Home Address and Telephone _____

_____ Telephone _____

Name of School _____ Teacher _____

Place Where Accident Occurred _____

Date of Accident _____ Time of Accident _____

Cause of Accident/ How it Occurred _____

Describe the Injury _____

What was done for the injured? _____

_____ Was 911 called? _____

Who notified parent? (if applicable) _____ How? _____ Time _____

Did student leave school? _____ Home? _____ Doctor's Name _____

Did student leave hospital? _____ Name and Address of Hospital _____

Name of Witness _____

Staff Member's Signature

ROP Principal's Signature