

**NORTHERN
CALIFORNIA
SCHOOLS
INSURANCE
GROUP**

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 NCSIG. In case of serious injury, please call your Agent immediately and then fax/mail the report.

Date Reported		Date of Injury		Time of Injury	
----------------------	--	-----------------------	--	-----------------------	--

Name of NCSIG Member	Anderson Union High School District
Name of School Site	
Name of Injured Person	
Age or Birthdate	
Parent or Other Contact	
Address	
Telephone Number	()

Description of Injury	
Where Did Injury Occur? <i>(playground, class, gym, cafeteria, etc.)</i>	
Cause of Injury	
Medical Attention Given	
By Whom?	

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

Witnesses to Injury

Name	Address	Phone #

What contact, if any, was made with home?	
--	--

If a non-student, state why injured person was on premises:	
--	--

Name of supervisor on duty at time of accident	
Was supervisor present at time of accident?	<input type="checkbox"/> yes <input type="checkbox"/> no

Submitted by		Title	
Phone #		Signature	

CONFIDENTIAL (For Possible Litigation Purposes)