



# Confidential School Incident Report

## Alliance of Schools for Cooperative Insurance Programs

16550 Bloomfield Avenue • Cerritos, CA 90703 • PH: (562) 404-8029 FAX: (562) 404-8038 • www.asciip.org

**CONFIDENTIAL-ATTORNEY/CLIENT WORK PRODUCT PRIVILEGE**  
 This report is to be completed by district employees. This form is a confidential, internal, document; its contents are not to be shared or copied for any persons who are not district employees and/or their legal representative.  
**IN CASE OF SERIOUS INJURIES A TELEPHONE REPORT IS TO BE MADE IMMEDIATELY.**

DATE OF REPORT		<b>NOTE: The district employee either witnessing the incident or supervising at the time should complete and submit this form within 24 hours. This is an interactive form.</b>					
NAME OF SCHOOL DISTRICT/CCD				NAME OF SITE			
ADDRESS OF SITE (NUMBER, STREET, CITY AND ZIP CODE)							
NAME OF INJURED PERSON (LAST, FIRST, M.I.)			AGE	GRADE	TELEPHONE NUMBER OF INJURED PERSON ( )		
IS INJURED PERSON A MINOR <input type="checkbox"/> NO <input type="checkbox"/> YES →		NAME OF PARENT OR LEGAL GUARDIAN					
ADDRESS OF PERSON INJURED (NUMBER, STREET, APARTMENT NUMBER, CITY, STATE AND ZIP CODE)							
WHERE DID INCIDENT OCCUR			DATE (MONTH/DAY/YEAR)		TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
DESCRIBE HOW INCIDENT OCCURRED (USE FACTS ONLY; EXCLUDE OPINIONS AND/OR ASSUMPTIONS)							
FIRST AND LAST NAME OF PERSON IN CHARGE AT TIME OF INCIDENT		TITLE OF PERSON (TEACHER, VOLUNTEER, ETC.)		WAS HE/SHE PRESENT AT THE TIME <input type="checkbox"/> NO <input type="checkbox"/> YES		INJURED VIOLATED SCHOOL RULE <input type="checkbox"/> NO <input type="checkbox"/> YES	
NAME OF WITNESS(ES)		ADDRESS		TELEPHONE NUMBER		STATUS (Student, Volunteer, etc.)	
				( )			
				( )			
APPARENT NATURE OF INJURY (PLEASE CHECK)			INJURED PART OF BODY (PLEASE CHECK)				
<input type="checkbox"/> Abrasion <input type="checkbox"/> Fracture <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Contusion <input type="checkbox"/> Cut <input type="checkbox"/> Dislocation <input type="checkbox"/> Internal <input type="checkbox"/> Concussion <input type="checkbox"/> Other			<input type="checkbox"/> Head <input type="checkbox"/> Finger <input type="checkbox"/> Arm <input type="checkbox"/> Abdomen <input type="checkbox"/> Neck <input type="checkbox"/> Eye <input type="checkbox"/> Leg <input type="checkbox"/> Hand <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Face <input type="checkbox"/> Foot <input type="checkbox"/> Other				
FIRST AID PROCEDURES USED				NAME OF PERSON WHO ADMINISTERED FIRST AID			
DISPOSITION OF INJURED AFTER INCIDENT OR CLASS (PLEASE CHECK) <input type="checkbox"/> Home <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Classroom			WHO WAS NOTIFIED		RELATIONSHIP TO INJURED		
IF INJURED PUPIL LEFT SITE, TO WHOM RELEASED			NAME AND ATTITUDE OF ANYONE CONTACTING SCHOOL/CCD				
STUDENT INCIDENT BENEFITS AVAILABLE <input type="checkbox"/> NO <input type="checkbox"/> YES			NAME OF COMPANY				
REMARKS							

For your protection California law requires the following to appear on this form. "It is unlawful to: (a) present or cause to be presented any false or fraudulent claim for payment of a loss under a contract of insurance; (b) prepare, make or subscribe any writing with intent to present or use the same, or allow it to be presented or used in support of such claim. Every person who violates any provision of this section is punishable by imprisonment in the State Prison not exceeding 3 years or by fine not exceeding \$1,000 or by both."

NAME OF PERSON COMPLETING REPORT		STATUS	TELEPHONE NUMBER OF PERSON ( )
ADDRESS OF PERSON (NUMBER, STREET, APARTMENT NUMBER, CITY, STATE AND ZIP CODE)			
SIGNATURE OF PERSON APPROVING REPORT		DATE SIGNED	PERSON WAS AN EYE WITNESS

Please send original to: Karen Saldana, Risk Management.  
 If injured person was NOT seen by Student Health Services,  
 please send a copy to Sandra Samples, Student Health Services.