



Student Athletic Injury Report

Privileged and Confidential

Instructions: Use this form to report accidents occurring to PUSD students on school premises, on the way to or from school, or on a field trip. The administrator or site athletic director must report a student injury on the day the accident occurs. Please submit the completed form to Gilbert Barraza, Athletic Director, at barraza.gilbert@pusd.us (or fax to 626-795-1191).

Today's Date: _____ Injury Date: _____ School/Site: _____

Student's Name: _____ Date of Birth: _____

Home Address: _____ Phone: _____

Parent/Guardian: _____ Relationship: _____

Time of Incident: _____ Place: _____ Person in Charge: _____

Description of incident, circumstances of injury. If student was violating school rules, explain.

Apparent extent of injury: _____ Care given: _____

Were paramedics called? Yes No Student taken to hospital or doctor? Yes No

Date: _____ Time: _____ Hospital or doctor's name: _____

Taken by whom: _____ Telephone called: _____

Witnesses:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Administrator/Site Athletic Director: _____ Title: _____

Person reporting injury: _____ Title: _____