



Student Injury Report

PRIVILEGED AND CONFIDENTIAL

This form is to be used only when access to Synergy is not available to the person reporting the injury. See Synergy Student Injury Reporting at <https://district.sfusd.edu/dept/risk/default.aspx> for instructions on using Synergy or call Risk Management at 415/241-6307.

Instructions: Use this form to report accidents occurring to SFUSD students on school premises, on the way to or from school, or on a field trip. The principal or site manager must report a student injury on the day the accident occurs. Please submit the completed form to riskmanagement@sfusd.edu (or fax to 415/241-6330).

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: _____

Principal/Site Manager: _____ Title: _____

Person reporting injury: _____ Title: _____