

ExCEL After School Injury Report

Date: _____ Time: _____

First and Last Name of Student: _____ Birthdate: _____

School: _____

Hospital Required? (**circle one**) Yes or No

If yes, by whom and which hospital? _____

Police called (circle one) **Yes or No** By Whom (name/title): _____

****Attach copy of police report****

Names of persons present during police interview of student(s):

Describe Circumstances of Injury (include care given and attachments if necessary)

SFUSD Administrator/Principal Notified

Name: _____

Date/Time: _____

By Whom: _____

Parent/Guardian Notified

Name: _____

Date/Time: _____

By Whom: _____

Referral/ Suspension

As a result, were any of the students (**circle one**) suspended/expelled from the Program? ____ Yes ____ No

Was an **Afterschool Referral Form** filled out? ____ Yes ____ No

Signatures

Person Filing Report Name: _____ Signature _____

1. HAVE FORM SIGNED BY SFUSD ADMINISTRATOR/PRINCIPAL

Name: _____ Signature: _____

Title/Position: _____ Date/Time: _____

2. SEND COPY TO CBO OFFICE and obtain signature of CBO Administrator

Name: _____ Signature: _____

Title/Position: _____ Date/Time: _____

3. SEND 1 COPY TO EXCEL AT EXCELASP@SFUSD.EDU OR FAX TO (415) 750-8653

BY THE CLOSE OF BUSINESS ON DATE OF INCIDENT