

Ventura County Schools Self-Funding Authority
REPORT OF PERSONAL ACCIDENT
CONFIDENTIAL – ATTORNEY-CLIENT PRIVILEGE

TO BE COMPLETED IMMEDIATELY				<input type="checkbox"/> STUDENT <input type="checkbox"/> VENDOR <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER <input type="checkbox"/> VISITOR	
<i>THE SCHOOL EMPLOYEE WHO EITHER WITNESSES THE INJURY OR IS SUPERVISING AT THE TIME OF INJURY SHOULD COMPLETE THIS FORM, IF POSSIBLE. THE REPORT SHOULD BE SUBMITTED IMMEDIATELY TO THE APPROPRIATE SCHOOL DISTRICT OFFICE. SHOULD OTHER PERTINENT FACTS DEVELOP, NOTIFY THE SCHOOL DISTRICT OFFICE BY MEANS OF A SUPPLEMENTAL REPORT.</i>					
SCHOOL DISTRICT			SCHOOL		
SCHOOL ADDRESS				TELEPHONE NO.	
INJURED PARTY'S NAME			SEX	AGE	GRADE
HOME ADDRESS			DAY TELEPHONE		HOME TELEPHONE
WHERE DID ACCIDENT OCCUR?			DATE		TIME
HOW DID ACCIDENT OCCUR?					
STATEMENT OF INJURED PARTY					
EMPLOYEE IN CHARGE OF INJURED STUDENT AT TIME OF ACCIDENT:			WAS EMPLOYEE PRESENT AT THE TIME OF ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WAS ANY SCHOOL RULE VIOLATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, EXPLAIN			
NAME		WITNESSES PRESENT AT TIME OF ACCIDENT ADDRESS			TELEPHONE
NATURE OF INJURY				DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FIRST AID APPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		BY WHOM?		HAVE PARENTS CONTACTED SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DISPOSITION OF INJURED PARTY (RETURN TO CLASS, HOME, DOCTOR, HOSPITAL)			NAME OF PERSON NOTIFIED		
LIST NAME OF STUDENT'S SCHOOL ACCIDENT INSURANCE COVERAGE			BY WHOM NOTIFIED?		DATE
TIME					
COMMENTS					
REPORT SUBMITTED BY		POSITION		TELEPHONE	
				DATE	