Ventura County Schools Self-Funding Authority

Report of Personal Accident

CONFIDENTIAL – ATTORNEY – CLIENT PRIVILEGE

TO BE COMPLETED IMMEDIATELY *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.*	❑ STUDENT ❑ VENDOR ❑ PARENT ❑ OTHER ❑ VISITOR
SCHOOL DISTRICT **SANTA PAULA UNIFIED 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? ❑ YES ❑ NO			
WAS ANY SCHOOL RULE VIOLATED? ❑ YES ❑ NO	IF SO, EXPLAIN			

WITNESSES PRESENT AT TIME OF ACCIDENT		
NAME	ADDRESS	TELEPHONE

NATURE OF INJURY	DISABLED? ❑ YES ❑ NO

FIRST AID APPLIED? ❑ YES ❑ NO	BY WHOM?	HAVE PARENTS CONTACTED SCHOOL? ❑ YES ❑ 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