

Ventura County Schools Self-Funding Authority
REPORT OF PERSONAL ACCIDENT

Confidential – Attorney-Client Privilege

Submit within 15 days of LEA knowledge

TO BE COMPLETED IMMEDIATELY <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 local educational agency office. Should other pertinent facts develop, notify the LEA office by means of a supplemental report.</i>				☐ STUDENT ☐ VENDOR	
				☐ PARENT ☐ OTHER	
				☐ VISITOR	
LOCAL EDUCATIONAL AGENCY (LEA)				LEA SITE	
SITE 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?		IF SO, EXPLAIN			
☐ YES ☐ NO					
NAME		WITNESSES PRESENT AT TIME OF ACCIDENT			TELEPHONE
		ADDRESS			
NATURE OF INJURY					DISABLED?
					☐ YES ☐ NO
FIRST AID APPLIED?	BY WHOM?		HAVE PARENTS CONTACTED SCHOOL?		
☐ YES ☐ NO			☐ 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