

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 <input type="checkbox"/> NO		
WAS ANY SCHOOL RULE VIOLATED? YES <input type="checkbox"/> NO	IF SO, EXPLAIN			
NAME		WITNESSES PRESENT AT TIME OF ACCIDENT ADDRESS		TELEPHONE
NATURE OF INJURY				DISABLED? YES <input type="checkbox"/> NO
FIRST AID APPLIED? YES <input type="checkbox"/> NO	BY WHOM?	HAVE PARENTS CONTACTED SCHOOL? 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				