

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

SCHOOL

SCHOOL ADDRESS

PHONE NO.

INJURED PARTY'S NAME

SEX

AGE

GRADE

HOME ADDRESS

DAYTIME PHONE

HOME PHONE

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

NAME

WITNESSES PRESENT AT TIME OF ACCIDENT
ADDRESS

PHONE

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

PHONE

DATE