

CHICO UNIFIED SCHOOL DISTRICT
1163 East Seventh Street
Chico, California 95928
530.891.3000

Date: _____
School: _____
Student I.D. #: _____

ACCIDENT REPORT FORM

NOTE: THIS REPORT TO BE COMPLETED AND FILED WITH THE NURSE WITHIN 24 HOURS OF THE ACCIDENT

PART 1 – THIS PORTION TO BE COMPLETED BY THE DISTRICT CERTIFICATED EMPLOYEE WHO WITNESSED AND/OR REPORTED THE ACCIDENT. (If not witnessed, take statement from injured or other person who was present.)

- 1. Pupil’s Name (Last, First): _____ Grade: _____ Age: _____
- 2. Address: _____ Phone: _____
- 3. Date accident **occurred**: _____ Time: _____ 4. Date accident **reported**: _____ Time: _____
- 5. Where did accident occur? Be specific: _____
- 6. Describe how accident occurred and part of body injured – Right/Left if applies:

- 7. Activity at time of accident: _____
- 8. Name of person(s) supervising: _____
- 9. Name of Witness: _____
Name of Witness: _____

Signature of Reporting Employee

PART II – THIS PORTION TO BE COMPLETED BY SCHOOL NURSE OR EMPLOYEE GIVING FIRST AID.

- 10. Observations and physical findings: _____
- 11. First aid action: _____

	Yes	No	
a. Sent to Office	<input type="checkbox"/>	<input type="checkbox"/>	By Whom _____
b. Seen by Nurse/Health Aide	<input type="checkbox"/>	<input type="checkbox"/>	By Whom _____
c. Returned to Class	<input type="checkbox"/>	<input type="checkbox"/>	By Whom _____
d. Parent Called	<input type="checkbox"/>	<input type="checkbox"/>	By Whom _____
e. Taken Home	<input type="checkbox"/>	<input type="checkbox"/>	By Whom _____
f. Taken to Dr. _____	<input type="checkbox"/>	<input type="checkbox"/>	By Whom _____
g. Taken to Hospital _____	<input type="checkbox"/>	<input type="checkbox"/>	By Whom _____
h. 9+1+1 Called	<input type="checkbox"/>	<input type="checkbox"/>	By Whom _____

12. Insurance coverage: _____ CIFPF: _____ Transit: _____ Not Known
Other

13. Comments: _____

Signature of person completing Part II

Principal Signature **Date**

Business Services Signature **Date**

Ed Services (if follow up is necessary) **Date**