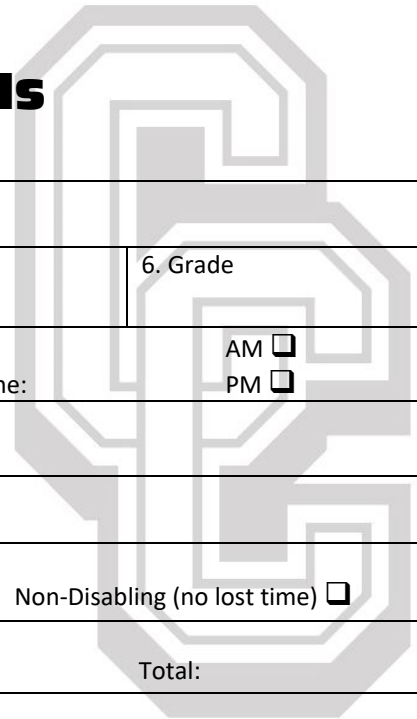


Student Accident Report

Calvary Chapel Schools

3800 S. Fairview, Santa Ana, CA 92704



General	1. Name		2. Address		
	3. School (circle one) MCA / CCJHS / CCHS		4. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		5. Age
	7. Time Accident Occurred Date: _____ Day of Week: _____ Exact Time: _____				6. Grade
Injury	8. Nature of Injury:				
	9. Part of Body Injured:				
	10. Degree of Injury (check one) Death <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (lost time) <input type="checkbox"/> Non-Disabling (no lost time) <input type="checkbox"/>				
	11. Days Lost From School: _____		From Activities Other Than School: _____		Total: _____
	12. Cause of Injury:				
Accident	13. Accident Jurisdiction (check one) School: Grounds <input type="checkbox"/> Building <input type="checkbox"/> To and From <input type="checkbox"/> Other Activities Not on School Property <input type="checkbox"/> Non-School: Home <input type="checkbox"/> Other <input type="checkbox"/>				
	14. Location of Accident (be specific)		15. Activity of Person (be specific)		
	16. Status of Activity		17. Supervision (if yes, give title and name of supervisor) Yes <input type="checkbox"/> No <input type="checkbox"/>		
	18. Agency Involved		19. Unsafe Act		
	20. Unsafe Mechanical/Physical Condition		21. Unsafe Personal Factor		
	22. Corrective Action Taken or Recommended				
	23. Property Damage School \$ _____ Non-School \$ _____ Total \$ _____				
	24. Description (Give a word picture of the accident, explaining who, what, when, why, and how.)				
	24-A. What was done for injured?				
	Signature	25. Date of Report		26. Report Prepared by (signature and title)	
27. Principal's Signature					
27-A. Witness					