



CONFIDENTIAL
BUTTE SCHOOLS SELF-FUNDED PROGRAMS
BIGGS UNIFIED SCHOOL DISTRICT
Accident/Incident Reporting Form
(Please print or type)

School Site/Department: _____ Today's Date: _____

NAME OF INJURED PERSON: _____

Address: _____ Phone: _____

Birth date: _____ Student: _____ Non-Student: _____ Other: _____

IF NON-STUDENT or OTHER, STATE WHY ON PREMISES: _____

DATE OF INJURY: _____ **TIME OF DAY:** _____ **Weather Problems?** _____

Location: _____

How did accident occur? (*Facts only - no judgments of fault*) _____

Was any District Rule violated? Yes ___ **No** ___ **If yes explain:** _____

DESCRIPTION OF INJURY: _____

CAUSE OF INJURY: _____

Employee in charge at time of accident: _____ **Was employee present? Yes** ___ **No** ___

MEDICAL ATTENTION GIVEN: _____

Were parents or guardian contacted? Yes: ___ **No:** ___ **If yes who?** _____

Disposition of injured person: Return to Class ___ Home ___ , Doctor ___ , Hospital ___

WITNESSES:	<u>Name</u>	<u>Address</u>	<u>Telephone #</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Name of person completing this report: _____ **Phone:** _____

This form should be completed on all injuries to student or non-students (other than District employees) and routed to the District office. In case of serious injury, please call District Office immediately and Fax a copy of the report as soon as possible, then call and fax Jan Keller at BSSP (530-532-5837) FAX (530-532-5836)

BIGGS UNIFIED SCHOOL DISTRICT

TREATMENT REFERRAL FORM

Employee to complete the EMPLOYEE SECTION. Give to Medical Provider.

EMPLOYEE SECTION:

Employee Name: _____

Address: _____

City, State, Zip: _____

Social Security No.: _____

Date of Injury: _____

Time of Injury: _____

Type of Injury: _____

Medical Facility/Doctor: _____

Address: _____

City, State, Zip: _____

Phone: _____

Contact: _____

Instructions for Medical Provider

Mark one of the two treatment options below then return this form to **Pam Ragan**

 First Aid: One-time or any follow up visit for the purpose of observation of minor scratches, cuts, burns, splinters, and so forth. Does not ordinarily require medical care.

 Reportable Claim: Any medical treatment beyond the First Aid guidelines

- 1) Call **530-868-1281 x 252, Pam Ragan** immediately to discuss availability of modified duty if the employee has any injury-related physical restrictions that may affect the employee's ability to return to full duty.
- 2) If this is a reportable claim, send the completed Doctor's First Report (5021), all medical bills and corresponding reports to Keenan & Associates at the address listed below.
- 3) Contact Keenan & Associates immediately if any of the following apply:
 - * Questionable Injury
 - * Consultation Request
 - * Diagnostic Imaging Request
 - * Surgery/Hospitalization Request

Information for Medical Provider

Employer:

Biggs Unified School District
300 B Street
Biggs, CA 95917

Benefits Manager: Pam Ragan or Karen Nuchols

PH: 530-868-1281 Pam X 252 Karen X 259

FAX: 530-868-1615

Workers' Compensation Administrator:

Keenan & Associates
P.O. Box 1538
Rancho Cordova, CA 95670

Claims Examiner: Millie Williams

PH: 916-859-7160

FAX: 916-859-7166