

**ACCIDENT/INCIDENT REPORTING FORM**

Butte Schools Self-funded Programs

(Please print or type)

Confidential

School Site or Department:			
Today's Date:			
<b>Name of Injured Person:</b>			
Address:		Phone:	
Birthdate:	Student: <input type="checkbox"/>	Employee: <input type="checkbox"/>	Non-Student <input type="checkbox"/> Other: <input type="checkbox"/>
If non-student or other, state why on premises:			
Date of Injury:	Time:	Weather Conditions?	
Location:			
Was any district rule violated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain:
Description of Injury:			
Cause of Injury:			
Employee in charge at time of accident:			
Was employee present?			
Medical Attention Given:			
Were parents or guardian contacted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, who?
Disposition of injured person:	Class <input type="checkbox"/>	Home <input type="checkbox"/>	Doctor <input type="checkbox"/> Hospital <input type="checkbox"/>
Witness Name:		Phone:	
Report completed by:		Phone:	

This form should be completed on all injuries to student or non-students, and district employees and routed to the district office. In case of serious injury, please call the district office immediately at (530) 538-2300 and fax a copy of the report as soon as possible to (530) 538-2357. Then, call BSSP (530) 538-6403.

# OROVILLE UNION HIGH SCHOOL DISTRICT

BILL TO: \_\_\_\_\_  
(Dept., program, etc.)

ORG. KEY \_\_\_\_\_

## REQUEST FOR NON ATHLETIC TRANSPORTATION

**THIS FORM MUST BE SUBMITTED TO TRANSPORTATION A MINIMUM OF TWO WEEKS PRIOR TO ACTIVITY.**

This form is to be completed by the instructor or advisor requesting transportation for field trips, student body trips, or any similar activities. It should be forwarded to the principal for approval, and he/she will send it to the transportation department. After the transportation department has approved it, a copy will be returned to the faculty member as verification that the trip has been approved and scheduled.

SCHOOL \_\_\_\_\_ ORGANIZATION/CLASS/TEAM \_\_\_\_\_

DESTINATION (be specific) \_\_\_\_\_

PURPOSE OF TRIP \_\_\_\_\_

LEAVING FROM (specific location) \_\_\_\_\_

Will depart for destination:      Date \_\_\_\_\_      Time \_\_\_\_\_

Wish to arrive there:      Date \_\_\_\_\_      Time \_\_\_\_\_

Wish to leave for home:      Date \_\_\_\_\_      Time \_\_\_\_\_

Wish to arrive at home:      Date \_\_\_\_\_      Time \_\_\_\_\_

DESCRIBE ROUTE \_\_\_\_\_

DESIRED STOPS ENROUTE (comfort, interest, etc.) \_\_\_\_\_

NUMBER OF PASSENGERS \_\_\_\_\_      TYPE OF TRANSPORTATION: Bus \_\_\_\_\_      Panel \_\_\_\_\_

Signature of staff member requesting transportation \_\_\_\_\_      Date \_\_\_\_\_

**NOTE: When a bus is used, the staff member whose name appears above will ride on bus unless another person is named and approved by principal.**

Signature of staff member designated to ride bus other than Instructor. \_\_\_\_\_      Date \_\_\_\_\_

APPROVED: \_\_\_\_\_  
Principal      Date      Transportation      Date

### TRANSPORTATION DEPARTMENT USE ONLY

BUS NO. \_\_\_\_\_ DRIVER \_\_\_\_\_ SPEEDOMETER: OUT \_\_\_\_\_ IN \_\_\_\_\_ TOTAL MILES \_\_\_\_\_

DRIVING TIME: OUT: \_\_\_\_\_ AM / PM      IN: \_\_\_\_\_ AM / PM

OUT: \_\_\_\_\_ AM / PM      IN: \_\_\_\_\_ AM / PM

I CERTIFY THE ABOVE TIME ARE CORRECT \_\_\_\_\_

Signature of Driver

Oroville Union High School District

BILL TO: \_\_\_\_\_ (dept., program, etc.) ..... ORG. KEY: \_\_\_\_\_

**SUBURBAN - VAN  
REQUEST FOR TRANSPORTATION**

**THIS FORM MUST BE SUBMITTED TO TRANSPORTATION A MINIMUM OF TWO WEEKS PRIOR TO ACTIVITY**

This form is to be completed by the instructor or advisor requesting transportation for field trips, student body trips, or any similar activities. It should be forwarded to the principal for approval, and he/she will send it to the transportation department. After the transportation department has approved it, a copy will be returned to the faculty member as verification that the trip has been approved and scheduled.

SCHOOL \_\_\_\_\_ ORGANIZATION/CLASS/TEAM \_\_\_\_\_

DESTINATION (be specific) \_\_\_\_\_

PURPOSE OF TRIP \_\_\_\_\_

LEAVING FROM (specific location) \_\_\_\_\_

Will depart for destination: Date \_\_\_\_\_ Time \_\_\_\_\_

Wish to arrive at home: Date \_\_\_\_\_ Time \_\_\_\_\_

NUMBER OF PASSENGERS \_\_\_\_\_

\_\_\_\_\_  
Signature of staff member requesting transportation

\_\_\_\_\_  
Date

**NOTE: When a suburban or van is used, the staff member whose name appears above will drive the vehicle unless another district employee is named and approved by principal.**

\_\_\_\_\_  
Signature of staff member designated to drive vehicle other than instructor

\_\_\_\_\_  
Date

**APPROVED:** \_\_\_\_\_  
Principal Date Transportation Date

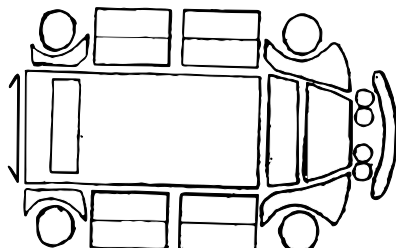
**Drivers Note: Please fill in the blank spaces below**

VEH. NO. \_\_\_\_\_ DRIVER \_\_\_\_\_ SPEEDOMETER: OUT \_\_\_\_\_ IN \_\_\_\_\_ TOTAL MILES \_\_\_\_\_

VEHICLE CONDITION - OUT \_\_\_\_\_ IN \_\_\_\_\_  
DRIVERS INITIAL INSPECTOR INITIAL

OUT

IN



OUTSIDE: \_\_\_\_\_

INSIDE: \_\_\_\_\_

DATE: \_\_\_\_\_

**INSPECTED BY:** \_\_\_\_\_