

Sacramento City Unified School District CHILD DEVELOPMENT DEPARTMENT

5735 47th Avenue ***** Box 715 ***** Sacramento, CA 95824 ***** (916) 643-7800 ***** Fax: (916) 399-2057

Child Accident Report

Child's Name:			Site/Cente	er:		
Date:		Time:		_	Outside	☐ Inside
Incident:						
First Aid Applied: Describe:		□ No				
Reported By:						
	Dist	ribution: Whi	te – Classroom	<u>Yellow</u> – F	Parent	
S:\childdev-staff\Forms -	CDD\HEALTH, SAF	ETY & NUTRITION\C	Child Accident Report.c	docx		
Sacramento City Unified School District			City Unified Scho			
5735 47 ^t	th Avenue 💠 Box	715 S acrame	nto, CA 95824 *	(916) 643-78	00 ❖ Fax: (9	16) 399-2057
		Child A	Accident R	Report		
Child's Name:			Site/Cente	ər:		
Date:		Time:			Outside	☐ Inside
Incident:						
	☐ Yes	☐ No				
First Aid Applied: Describe:						