



# CHRISTIAN UNIFIED SCHOOLS OF SAN DIEGO INJURY/ILLNESS REPORT

Please circle one: CESW CESE CJHS CHS

DATE	TIME	STAFF ON DUTY	NAME OF STUDENT	GRADE
DESCRIPTION OF ACCIDENT			LOCATION OF ACCIDENT	
Specific Body Parts Injured (Please state Left, Right, etc.)			Treatment	
Was the student sent home? If so, what time?				

Signature of Person Treating Child

Notification to: Parent  Julia



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