

**LA JOYA I.S.D.
BUS ACCIDENT REPORT**

Date _____ Time _____ am pm

Student's Name _____ D.O.B. _____ ID# _____

Parent Notified _____ Phone _____

Chief Complaint _____

Nurse Observation _____

VS: T _____ P _____ R _____ B _____ B/P _____ Signature _____

Child referred to doctor Yes No

**LA JOYA I.S.D.
REFERRAL TO DOCTOR**
This is not an authorization for payment

TO THE PHYSICIAN:

Please complete the child's school record.

Findings: _____

Recommendations:

Date: _____ Physician Signature _____

Physician's Address _____ Phone # _____

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE