JEFFERSON COUNTY SCHOOLS
REPORT OF ACCIDENTS AND INJURIES TO STUDENTS

Name _____ Date of Birth _____

School _____ Grade Level _____

Parent/Guardian _____

Mailing Address _____

Phone Numbers _____
Home Parent/Guardian Work Cell

Date of Injury _____ Exact Time _____ Location of Injury _____

What activity was involved at time of injury? _____

Part of body injured (indicate L/R) _____

Description of Injury _____

_____

How did accident occur? _____

_____

Describe action that was taken following accident._____

_____

Does injured have school insurance? ____ Yes ____ No
Disposition made of case –
Insurance report made _____ Date filed _____
Reported to parent/guardian _____ Date reported _____

_____
Signature of Person Filing Report

_____
Date of Report

NOTE: Report should be filed with the Director of Schools as early as possible.
Complete in Triplicate: ____ TEA
____ Director of Schools
____ School's Copy