

**JEFFERSON COUNTY SCHOOL SYSTEM
REPORT OF INJURIES TO VISITORS AND SCHOOL VOLUNTEERS**

NAME OF INJURED: _____ **PHONE:** _____

ADDRESS: _____

DATE OF INJURY: _____ **TIME OF INJURY:** _____ **A.M. or P.M.**

DESCRIPTION OF INJURY: Enter a brief description of the injury and indicate the part of the body affected. (Example: I sprained my right wrist or I strained my lower back.)

HOW DID THE ACCIDENT OCCUR: Tell what happened and how it happened? (Example: I was walking in the parking lot when I stepped on a patch of ice, lost my balance and fell onto the pavement.)

Purpose of visit or volunteer activity: _____

What did the school do to assist the injured? _____

Witnesses: _____

Name and address of physician consulted (if any) _____

If sent to hospital, name and address of hospital? _____

Signature of School Official Reporting Accident

Date of Report

***A copy of the accident report must be sent or faxed to the County's Finance Office 24 to 48 hours after an accident has taken place* Fax #: 397-4537**