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

NAME OF INJURED:	PHONE:	
ADDRESS OF INJURED:		
DATE OF INJURY:	_ TIME OF INJURY:	A.M. OR P.M.
DESCRIPTION OF INJURY Enter a brief descrip	tion of the injury and indica	te the part of the
body affected including right or left, lower or uppe	r, etc. (Example: I sprained r	ny right wrist, or I
strained my lower back.)		
WITNESSES:		
HOW THE ACCIDENT OCCURRED Tell what h	nappened and how it happen	ed. (Example: I was
walking in the school parking lot when I stepped o	n a patch of ice, lost my bala	ance, and fell onto
the pavement.)		
WHERE DID THE ACCIDENT OCCUR?		
PHYSICAL ADDRESS OF ACCIDENT LOCATI	ON:	
PURPOSE OF VISIT OR VOLUNTEER ACTIVI		
WHAT DID THE SCHOOL DO TO ASSIST TH	E INJURED?	
NAME AND ADDRESS OF PHYSICIAN CONSU	ULTED IF ANY:	
IF SENT TO HOSPITAL, NAME AND ADDRES	SS OF HOSPITAL:	
PRINT NAME OF SCHOOL OFFICIAL REPORTING	SIGNATURE OF SCHOOL O	EEICIAI DEDODTING
ACCIDENT	ACCIDENT	FFICIAL REPORTING
	DATE OF DEDODT.	

^{*}A copy of the accident report must be emailed or faxed to the County's Finance Office 24 to 48 hours after an accident has taken place Email: scunningham@jeffersoncountytn.gov Fax: 865-397-4537