

**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 description of the injury and indicate the part of the body affected including right or left, lower or upper, etc. (Example: I sprained my right wrist, or I strained my lower back.) _____

WITNESSES: _____

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

WHERE DID THE ACCIDENT OCCUR? _____

PHYSICAL ADDRESS OF ACCIDENT LOCATION: _____

PURPOSE OF VISIT OR VOLUNTEER ACTIVITY: _____

WHAT DID THE SCHOOL DO TO ASSIST THE INJURED? _____

NAME AND ADDRESS OF PHYSICIAN CONSULTED IF ANY: _____

IF SENT TO HOSPITAL, NAME AND ADDRESS OF HOSPITAL: _____

**PRINT NAME OF SCHOOL OFFICIAL REPORTING
ACCIDENT**

**SIGNATURE OF SCHOOL OFFICIAL REPORTING
ACCIDENT**

DATE OF REPORT: _____