

**JEFFERSON COUNTY SCHOOL SYSTEM
REPORT OF ACCIDENTS AND INJURIES TO STUDENTS**

SCHOOL: _____ PHONE: _____
STUDENT NAME: _____ GRADE: _____
SSN: _____ GENDER: _____ DATE OF BIRTH: _____
DATE OF INJURY: _____ TIME OF INJURY: _____ A.M or P.M.
NAME OF ACTIVITY/CLASS: _____ PART OF BODY INJURED: _____
PERSON COMPLETING THIS FORM: _____ TITLE: _____
DATE SIGNED: _____

DESCRIPTION OF INJURY: Be specific. Indicate the part of the body affected. (Example: I sprained my right wrist diving for a loose ball.)

HOW DID ACCIDENT OCCUR: Tell what happened and how it happened? (Example: During gym class I was diving after a loose basketball and landed on my wrist.)

PARENT(S) OR GUARDIAN(S) FULL NAME: _____
ADDRESS: _____
CITY, STATE, AND ZIP CODE: _____
DAYTIME TELEPHONE NUMBER: _____ CELL NUMBER: _____

**** A COPY OF THE ACCIDENT REPORT MUST BE EITHER EMAILED OR FAXED IMMEDIATELY AFTER AN ACCIDENT HAS TAKEN PLACE:**

- EMAIL – claims@jeffersoncountyttn.gov
- FAX - FINANCE DEPT (865) 397-4537