

**Bedford County Department of Education**

500 Madison Street, Shelbyville, TN 37160

931-684-3284 ext. 2224

**First Injury Report for Student Accident**

**(Part I: School Report)**

Name \_\_\_\_\_ Date \_\_\_\_\_  
(first, middle, last)

School \_\_\_\_\_ Supervisory Person at Time of Accident \_\_\_\_\_  
School Address \_\_\_\_\_ School Phone Number \_\_\_\_\_

Social Security Number of Child \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Gender: \_\_\_\_\_

Parent/Guardian Information:

Name of Parent/ Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Daytime phone number/ Cell phone number \_\_\_\_\_

**\*\*\*\*ALL CLAIMS MUST BE SUBMITTED TO YOUR PRIMARY INSURANCE FIRST. \*\*\*\*\***

Place of Incident: (example: P.E., classroom, hallway, bus) \_\_\_\_\_  
Injury of: (example: ankle, knee, wrist, tooth, eye) \_\_\_\_\_ Right \_\_\_ or Left \_\_\_

DESCRIPTION OF TODAY'S ACCIDENT / INJURY: Date: \_\_\_\_\_ Time: \_\_\_\_\_

CAUSE OF ACCIDENT / INJURY: \_\_\_\_\_

FIRST AID TREATMENT: \_\_\_\_\_

Witness(es): \_\_\_\_\_

Was blood or other body fluid present?	___ Yes	___ No
Was the responder exposed to blood or body fluid?	___ Yes	___ No
Was this an exposure incident?	___ Yes	___ No
Were parents or parent designee notified?	___ Yes	___ No
Name of person notified: _____	_____	_____
Did student leave school w/ parent/designee?	___ Yes	___ No
Was 911 notified?	___ Yes	___ No

Time of notification \_\_\_\_\_ Time of response \_\_\_\_\_

\_\_\_\_\_  
Signature of First Aid Provider

\_\_\_\_\_  
Signature of Person Filing Report

\_\_\_\_\_  
Signature of Principal

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This form should be completed within 24 hours after the accident / injury. Original to be given to principal with duplicates to Office of Superintendent and Health Services Department.

**First Injury Report for Athletic Accident**  
(This needs to be completed in addition to First Injury Report for Student)

**Authorization:** I hereby authorize any physician or hospital who has treated or attended the above claimant to furnish the insurance company or its representative any information requested. A photocopy of this authorization is to be considered valid.

**Signature of Parent/ Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**Affidavit:** I verify that the above statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the US Mail may be fraudulent and violate federal laws as well as state laws.

**Signature of Parent/ Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_