

Hamilton County Department of Education

ATHLETIC AND STUDENT ACCIDENT REPORT

Failure to report athletic and student accidents within 24 hours may result in delayed benefits to your students.

ITEMS IN BOLD ARE MANDATORY

Date of Accident: _____ Time of Accident: _____ Activity or Class at time of accident: _____		
Student's Full Name: _____ School: _____ School Phone: _____		
Sex: M <input type="checkbox"/> F <input type="checkbox"/> Date of Birth: _____ Grade: _____ SS# _____ Fight? Yes <input type="checkbox"/> No <input type="checkbox"/>		
NATURE OF INJURY	Abrasion _____ Jammed _____ Bite _____ Knot _____ Bruise _____ Poisoning _____ Bump _____ Puncture _____ Burn _____ Scald _____ Choked _____ Scratched _____ Complexion Blue _____ Swollen _____ Cut _____ Seizure _____ Fainted _____ Swallowed _____ Other (specify) _____	DESCRIPTION OF THE ACCIDENT Describe nature of injury and how injury occurred. List specifically unsafe acts and/or conditions. _____ _____ _____ _____ _____ _____ _____ _____
	PART OF BODY INJURED (circle left or right as applicable)	
	Abdomen _____ Hand _____ 1/ r Ankle _____ 1/ r Head _____ Arm _____ 1/ r Knee _____ 1/ r Back _____ Leg _____ 1/ r Chest _____ Mouth _____ Ear _____ 1/ r Neck _____ Elbow _____ 1/ r Nose _____ Eye _____ 1/ r Shoulder _____ 1/ r Face _____ Tooth _____ Finger _____ Wrist _____ 1/ r Foot _____ 1/ r Other (specify) _____	
Person in charge at time of accident: _____ On the scene of accident?: _____ Phone No.: _____		
Witnesses: 1. Name: _____ Title: _____ Phone Number: _____		
2. Name: _____ Title: _____ Phone Number: _____		
IMMEDIATE ACTION TAKEN	First-aid administered: _____ By (Name) _____ Phone Number: _____ Nature of first aid: _____ Was student transported to physician's office or hospital?: _____ Where: _____ By whom: _____ Was parent or other individual notified? _____	
When: _____ Name of Individual notified: _____ Notified by: _____		
Message given _____ Response to notification: _____		
Name of Parent/Guardian: _____ Address: _____		
City: _____ State: _____ Zip: _____ Daytime Telephone: _____ Cell Phone: _____		
ACCIDENT LOCATION	Athletic field _____ Locker/Showers _____ Auditorium _____ Parking Lot _____ Cafeteria _____ Playground _____ Classroom _____ School Grounds _____ Corridor _____ Shop _____ Dressing Room _____ Sporting Event _____ Gymnasium _____ Toilets and Washrooms _____ Home Economics _____ Off campus/Field Trip _____ Laboratories _____ Other (specify) _____	Recommendations for preventing similar accidents: _____ _____ _____ _____ _____
Principal Signature: _____ Signature of Teacher//Coach of Student: _____		
Date Signed: _____ Person Completing this form/Title: _____ Phone No.: _____		

**Fax this document to: Risk Management – (423) 209-8687
 Safety & Compliance – (423) 209-5601**

Maintain original at school