

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 the student

Maintain Original at School

Student Information: Required information

School: _____ Phone #: _____ Date of Accident: _____ (mm/dd/yy) Time of Incident: _____ am pm

Athletic Event or Class at time of Incident _____ Location: (*classroom, bathroom, athletic field, p-lot, etc*) _____

Std 1st Name: _____ MI __ Full last name: _____ Gender F M
SSN: _____ DOB: _____ (mm/dd/yy)

Name of Parent or Guardian: _____ Street Address _____

City: _____ State: _____ Zip _____ Day contact or cell phone # _____

Was off campus treatment recommended by school or did parent seek treatment for the child: _____ Where: _____

Incident Information: Required information

DESCRIPTION OF INCIDENT: (*how did the injury occur, direct causation of incident*)

PART(S) OF BODY: (*include right or left, back of or front of, lower or upper, etc*)

NATURE OF INJURY: (*laceration, contusion, concussion, puncture, seizure, dehydration etc*)

IMMEDIATE ACTION TAKEN BY STAFF, FACULTY, TRAINER:

First aid administered: Y N By: (*name*) _____ Phone # _____

Nature of 1st Aid: _____

Was parent or Other individual Notified? _____ Name of Person notified: _____

Date of Notification _____ (mm/dd/yy) Time: _____ am pm By Whom? _____

Message Given:

Response to Notification:

HCDE INFORMATION:

Person in charge at time of incident: _____ On scene: Y N Phone # _____

Witnesses:

1. Name: _____ Title: _____ Phone # _____

2. Name: _____ Title: _____ Phone # _____

Recommendation for preventing similar incidents:

Principal Signature: _____ Date: _____ (mm/dd/yy) Person completing form _____

Signature or teacher/coach: _____ Phone # _____

