

SEVIER COUNTY SCHOOL SYSTEM

Student

Report of Accidents and Injuries

NAME OF INJURED : _____ SCHOOL : _____

DATE OF BIRTH : _____

GRADE : _____

DATE OF INJURY : _____ TIME OF INJURY _____

DATE OF REPORT : _____ A.M. P.M.

PLACE ACCIDENT OCCURRED : _____

DESCRIPTION OF INJURY : _____

HOW DID ACCIDENT OCCUR ? _____

WITNESSES : _____

Does injured have school insurance ? _____ (Responsible Teacher at time of Accident)

Disposition made of case : _____

Insurance report made : _____ Date Filed : _____

Reported to parents : _____ Date Reported : _____

Parent's Name : _____ Home Phone # _____

Parent's Home Address : _____

_____ Superintendent's Copy

_____ School's Copy

(Signature of person filing report)

Note : Report should be filed with the Superintendent
AS EARLY AS POSSIBLE.

(Phone Number)