

ACCIDENT REPORT
Hardeman County Board of Education
Warner A. Ross II
Director of Schools
10815 Old Highway 64
Bolivar, TN 38008
Phone: 731-658-2510
Fax: 731-658-2061

School: _____ Principal: _____ Date: ____/____/____

Name of student: _____ DOB: ____ Grade _____

SSN: ____ - ____ - _____

Date of injury: ____/____/____ Under supervision: Yes ____ No ____ (if no, explain)

Activity engaged in at time of injury: _____

Name of teacher supervising activity: _____

Part of body injured: _____

Describe nature of injury: _____

Time: _____ A.M. _____ P.M.

Medical service needed: Yes ____ No ____ Medical service rendered: _____

Name of physician administering service: _____

Hospitalized: _____ Insurance: Yes ____ No ____

Name of hospital _____

Name of parent _____

Parent notified: Yes _____, No _____ (if no, explain) _____

Name of parent notified: _____ Time: ____ A.M. ____ P.M.

Central Office notified: Date ____/____/____ Time: ____ A.M. ____ P.M.

Please submit to the Central Office on the day of accident.
FOR CENTRAL OFFICE USE ONLY
Date received ____/____/____

Signature