

Obion County Board of Education
Student Accident/Injury Notification Form

This form is to be completed on the date the injury occurred by the student's supervisor. The form must be submitted to the school's Principal no later than the day following the injury. A copy of the form will then be sent to the Board of Education – Risk Management. The BOE will forward all appropriate information to the secondary insurance company. All athletic related incidences should be sent to the school's Athletic Administrator.

School Name: _____ Date: _____

Student Information

Name: _____ SS# _____
First Middle Last

Gender: Male Female Date of Birth: _____ Age: _____ Grade: _____

Parent/Guardian Information

Name: _____ Phone: _____

Address: _____
Address City State Zip

Insurance Information

Company Name: _____ Phone: _____

Policy Number: _____ Individual or Group? _____

Injury Information

Supervising Staff Member: _____ Title: _____

Date of Injury: _____ Time: _____ Body Part Injured: L/R

Description of Injury *(Include specific info regarding the type of activity, equipment used, any special situations, contributing factors, etc.)*

Nature of Injury: _____ Where did Injury Occur? _____

How did it Happen? _____

Was First Aid Rendered? _____ Other Action Taken? _____

Student was Referred to: Hospital Doctor School Nurse Athletic Trainer Not Referred

Was the Parent or Guardian Contacted? _____ By Whom? _____

What would you recommend to prevent a repeat accident? _____

Signature of Supervisor Submitting Report

Date

Signature of School Administrator

Date