

**ACCIDENT REPORT**

Hardeman County Board of Education

*Donald L. Hopper, Ph.D.*

*Director of Schools*

P.O. Box 112—10815 Old Highway 64

Bolivar, Tennessee 38008

Phone--731-658-2510

Fax--731-658-2061

School: \_\_\_\_\_ Principal: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of student: \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_

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

Activity engaged in at time of injury: \_\_\_\_\_

Name of teacher supervising activity: \_\_\_\_\_

Type 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.

Signature

Please submit to the Central Office  
on the day of accident.

FOR CENTRAL OFFICE USE ONLY

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_