Scan Doc to: murray_sheila@hcde.org
And to safety_reports@hcde.org

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

School:	Student Information: Re	equired information	Student Information: Required information				
Stot 1" Name: MI _ Full last name: Gender F M SSN: DOB: (mm/dd/yy) Name of Parent or Guardian: 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) PARTIS) 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 1" Ald: 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: (mm/dd/yy) Time: am pm By Whom? Wesponse to Notification: Title: Phone # Witnesses: 1. Name: Title: Phone #	School:	Phone #:	Date of Accident:	(mm/dd/yy) Time of Incident: am pm			
SSN:	Athletic Event or Class at time of IncidentLocation: (classroom, bathroom, athletic field, p-lot, etc)						
City: State: Zip Day contact or cell phone # Was off campus treatment recommended by school or did parent seek treatment for the child: Where: 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 #	Stdt 1 st Name:	_ MI Full last name:					
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IMMEDIATE ACTION TAKEN BY STAFF, FACULTY, TRAINER: First aid administered: Y N By: (name) Phone # Nature of 1st Aid: Name of Person notified: Name of Person notified: Phone # 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 # Phone # Recommendation for preventing similar incidents: Principal Signature: Date: (mm/dd/yy) Person completing form	PART(S) OF BODY: (include right or left, back of or front of, lower or upper, etc)						
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Nature of 1st Aid:	IMMEDIATE ACTION TAKEN BY STAFF, FACULTY, TRAINER:						
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	Recommendation for preventi	ng similar incidents:					
	Principal Signature:	Date:	(<i>mm/dd/yy</i>) Perso	on completing form			
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