

# CARTER COUNTY SCHOOLS

## STUDENT ACCIDENT REPORT

Student Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ Place of Accident: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher in Charge: \_\_\_\_\_ Principal: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

\_\_\_\_\_

Description of Injury/Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses: \_\_\_\_\_

Treatment, including name and address of physician or hospital, if applicable: \_\_\_\_\_

\_\_\_\_\_

Was parent/guardian contacted:  Yes  No

Form completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

*In cases of severe injury, please call Jerry A. Lyons (474-6696 Ext. 20-201) immediately and follow up with the written Accident Report. If the case involves head injury, fractures, tooth injury, or other moderately severe injuries, please include witness statements.*

Fax, send or email this form to:  
Carter County Board of Education  
Attn: Pam Kouns  
Fax: 606-474-2003  
pam.kouns@carter.kyschools.us