



**South Central Conference**  
Office of Education  
715 Youngs Lane | Nashville TN 37207  
615.226.6500 (Office) 615.262.6168 (Fax)

### ACCIDENT/INJURY/INCIDENT REPORT

Accident - An unplanned event which causes injury and/or damage to property and/or equipment.  
Incident - An unplanned event which causes or could have caused injury and/or damage to property and/or equipment.

#### PERSON INVOLVED IN ACCIDENT/INJURED/INCIDENT

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

DOB/Age \_\_\_\_\_ Grade/Position \_\_\_\_\_

PLEASE CHECK ONE:

Support Staff       Student       Visitor       Volunteer

List Adults Presents:

\_\_\_\_\_  
\_\_\_\_\_

#### DETAILS OF THE INCIDENT

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Location of Activity: \_\_\_\_\_

Description of Incident/accident (Include all information):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DETAILS OF INJURY OF ILLNESS

Part of the Body affected, e.g. arm, leg:

Left \_\_\_\_\_  Right \_\_\_\_\_

Name of Illness or description of injury: \_\_\_\_\_

Medical Attention Given By: (please Check all that apply)

First Aid Personnel  Teacher  Private Doctor

Name of Person providing Medical Attention: \_\_\_\_\_

NOTIFICATION

911 Called Time \_\_\_\_\_ Transportation Used Type: \_\_\_\_\_

Parent Called Time: \_\_\_\_\_ Ambulance Called: \_\_\_\_\_

Reached: \_\_\_\_\_ By Whom: \_\_\_\_\_

Message Left: \_\_\_\_\_ Hospital/Clinic: \_\_\_\_\_

Physician Called Time: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Signature of Person Completing This Report: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Person Supervising area : \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Conference Risk Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Send one copy to Office of Education, one copy to Conference Risk Manager, one to the Parent, include one in the School File.**

