## Taylor County Schools Accident Report Student or Sports Injury Form

Accident Date:	Time: ar	m or pm	Student's Date of Birth:	
tudent's Name: Parents' Name(s)				
Student's Address:		Parent's Phone	#:	
Parents' Address: (If different from student's)				
Where Did the Accident Occur:		School Name (	or other Location:	
Describe in detail what student was doing when accident occurred.				
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Nature of Injury (cut, bruise, strain, etc)				
Which Body Part(s) were Injured?				
Date, Time and Name of Parent Notified:			Did Student Leave School?	
Name of all Witnesses:				
Name of Medical Provider Seen:		Did student ad	o to Emergency Room?	
Student/Parent Signature		Date:		
Principal Signature :		Date:		

PLEASE EMAIL COMPLETED FORM TO RHONDA CLARKSON AT RCLARKSON@K12.WV.US AND DARA BRITTON AT DEBRITTON@K12.WV.US
WITHIN 24 HOURS OF ACCIDENT