

**JEFFERSON COUNTY SCHOOL SYSTEM  
ATHLETIC & STUDENT ACCIDENT FORM**

**SCHOOL:** \_\_\_\_\_ **PHONE # OF SCHOOL:** \_\_\_\_\_

**NAME OF STUDENT:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**STUDENT'S ADDRESS:** \_\_\_\_\_

**GENDER:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**PART OF BODY INJURED:** \_\_\_\_\_ **LEFT:** \_\_\_\_\_ **RIGHT:** \_\_\_\_\_

**DATE OF INJURY:** \_\_\_\_\_ **TIME OF INJURY:** \_\_\_\_\_ **A.M. or P.M.**

**NAME OF ACTIVITY/CLASS:** \_\_\_\_\_

**PERSON COMPLETING THIS FORM:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE SIGNED:** \_\_\_\_\_

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**DESCRIPTION OF INJURY:** Be specific. Indicate the part of the body affected. (Example: I sprained my right wrist while diving for a loose ball)

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**HOW DID THE ACCIDENT OCCUR:** Tell what happened and how it happened? (Example: During gym class I was diving after a loose basketball and landed on my wrist)

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**PARENT(S) OR GUARDIAN(S) FULL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, & ZIP CODE:** \_\_\_\_\_

**DAYTIME TELEPHONE #:** \_\_\_\_\_