

**Report of Accident or Injury
Putnam County School System**

_____ **School Name**

Name of Injured: _____ **Date:** _____

Date of Injury: _____ **Time of Injury:** _____

Person reporting Injury: _____ **Position:** _____

Location injury occurred: _____

Description of Injury: _____

Description of Accident: _____

Witnesses to Accident: _____

Does Injured have school insurance? _____ **Yes** _____ **No**

Disposition of Case

Insurance Report Completed: _____ **Yes** _____ **No** **Date Filed** _____

Injury Reported to Parent/Guardian: _____ **Yes** _____ **No**

Did Injured: **stay in school** _____ **sent home** _____ **doctors office** _____

Hospital _____

_____ **Signature of person filing injury report**

_____ **Telephone #**

_____ **Date**

***FORWARD ONE COPY TO BARBARA ALLEN, CENTRAL OFFICE, IMMEDIATELY FOLLOWING THE ACCIDENT (BY FAX 372-2368 OR SCHOOL MAIL).**