

LEBANON SPECIAL SCHOOL DISTRICT

**ATHLETIC & STUDENT ACCIDENT NOTIFICATION OF INJURY**

\_\_\_\_\_  
Name of Injured \_\_\_\_\_ Date & Time of Injury \_\_\_\_\_

\_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_ Daytime Contact # \_\_\_\_\_

**School:**     Byars Dowdy     Coles Ferry     Sam Houston     Castle Heights     Walter J. Baird

List Site of Accident (If other than at school) \_\_\_\_\_

Location & Witnesses Where Accident Occurred \_\_\_\_\_

How Did Accident Occur? \_\_\_\_\_

Description of Injury: \_\_\_\_\_

**Disposition of Case:**

First Aid Administered: \_\_\_\_\_

Reported to Parent/Guardian by: \_\_\_\_\_ Date \_\_\_\_\_

How Reported \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Person Filing Report** \_\_\_\_\_ **Principal** \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: REPORT SHOULD BE SENT TO THE DIRECTOR'S OFFICE ON FRIDAY OF THE WEEK OF THE ACCIDENT.**

\_\_\_\_\_  
Date Received at Central Office \_\_\_\_\_ Director/Designee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised 08/09

◆ Byars Dowdy Elementary ◆ Castle Heights Upper Elementary ◆ Coles Ferry Elementary ◆  
◆ Sam Houston Elementary ◆ Walter J. Baird Middle ◆