

Student Accident Notification of Injury (includes athletics)
Fax Completed Form to 967-7832 (*Do not fax to V.R. Williams*)

PART I. SCHOOL REPORT

Date of Accident: _____

Time Accident Occurred: _____

School System: Franklin County School System

Name of School: _____

School Phone Number: _____

Student Information

First Name: _____

Middle Initial: _____

Last Name: _____

Social Security Number: _____

Grade: _____

Birthday: _____

Gender: _____

Part of Body Injured: _____

Left or Right (if applicable): _____

Describe the nature of injury and how injury occurred: _____

Name of Activity/Class: _____

Name of Person Completing this Form: _____

Title: _____

Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

PART II: PARENT/GUARDIAN/LEGAL CUSTODIAN INFORMATION (All Fields Must Be Completed in this Section)

Name of Parent/Guardian/Legal Custodian: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Daytime Telephone Number: _____