

**REPORT OF STUDENT ACCIDENTS AND INJURIES
BENTON COUNTY SCHOOL SYSTEM
197 BRIARWOOD STREET
CAMDEN, TN 38320**

Date of Report _____

Name of Injured: First _____ Middle Initial _____ Last _____

School _____ Date and Time of Injury _____

Social Security Number _____ Grade _____

Birthdate _____ Gender _____

Place Accident Occurred _____

How Did Accident Occur? _____

Description of Injury (Please specify right or left) _____

Report to Parents: yes no / Phone _____ Note _____ Date _____

Name of Parent/Guardian _____

Address _____

City, State, Zip _____

Home Telephone or Cell Number _____

Signature of Person Filing Report

Signature of Principal of School

SEND TO THE OFFICE OF THE DIRECTOR OF SCHOOLS. THE REPORT MAY BE FAXED AND THE ORIGINAL SENT WITHIN THREE DAYS.