



JOHNSON COUNTY SCHOOLS
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**ATHLETIC AND STUDENT ACCIDENT
 NOTIFICATION OF INJURY**

PART I — SCHOOL REPORT

Date of Accident: _____ **Time of accident:** _____

Name of school child attends: _____ **Telephone:** _____

Name of student: _____ **Grade:** _____

Social Security # _____ **Birthdate:** _____ **Gender:** _____

Part of body injured: _____ **Right** _____
 _____ **Left** _____

Describe the nature of the injury

Name of Activity/Class: _____

Person completing this form: _____ **Title:** _____ **Date:** _____

PART II — TO BE COMPLETED BY CLAIMANT — OR PARENT IF CLAIMANT IS A MINOR

Name of parent(s)/guardian(s): _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Daytime telephone#** _____

Authorization: I hereby authorize any physician or hospital that has treated or attended the above claimant to furnish the insurance company and its representatives any information requested. A photocopy of this authorization is to be considered valid.

Signature of parent/guardian: _____ **Date:** _____

EMAIL ADDRESS: