

Hamilton County Department of Education  
ATHLETIC AND STUDENT ACCIDENT REPORT

*Failure to report athletic and student accidents within 24 hours may result in delayed benefits to the student.*

**STUDENT INFORMATION: REQUIRED**

Date of Accident:		Time:		Name of School:		Phone:	
Student Name:	First:		MI:		Last:	DOB:	(mm/dd/yyyy)
Did the parent or guardian get medical treatment for the student.						YES	NO:

**INCIDENT INFORMATION: REQUIRED**

Part of the Body Injured:	
Description Nature of Injury:	

**HCDE INFORMATION: REQUIRED**

Event or Class at the time of incident:		
Person Completing This Form:	Title:	Date:

**PARENT OR GUARDIAN INFORMATION: REQUIRED**

First Name:		Last Name:				
Address:		City:	State:	Zip:		
Telephone:		Email Address:		Parent Contact:	YES:	NO:
Comment:						

**HCDE INFORMATION:**

Principal Name:		Principal Signature:	
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**Please use the submit button and will send it to the right office for review:**

All information should be emailed to: [studentinjuries@hcde.org](mailto:studentinjuries@hcde.org) and [safety\\_reports@hcde.org](mailto:safety_reports@hcde.org) if you do not click the submit button above.

Checking Yes Did the student get treatment will prompt Risk Management to enter the claim into the Tennessee Risk Management Trust (TNRMT) database. This insurance is secondary to students' primary insurance.

The parents will receive a letter in the mail within a week of being sent to claims. TNRMT's address is 101 Tamaras Way, Hendersonville, TN 37075. Tell phone number: 615-651-8625.