

Williamson County School System Student Treatment Form

Contact Information:

Williamson County Risk Management 1320 West
Main Street, Suite 108 Franklin, Tennessee 37064
Telephone: (615) 790-5466
Fax: (615) 591-8516
Email: Barbie.Gonzales@williamsoncounty-tn.gov

Student: _____

Address: _____ (C/S/Z): _____

Home Telephone: _____ Age: _____ Grade: _____

Accident Information: School _____ Date of Loss/Time of Day _____

Loss Location / School (incl. city/state): _____

Area of Facility Where Accident Occurred _____ Equipment Involved In Injury _____

Teacher _____ Grade _____

Was The Accident Witnessed By The Teacher _____ Other Witnesses? _____

Injury: Abrasion ____ Bruise ____ Sprain ____ Fracture ____ Incision ____ Laceration ____ Nosebleed ____ Other ____

Description of Accident: _____

Was First Aid Administered _____ by Whom _____ Explanation of Procedure: _____

Was 911 Dispatched _____ Explanation _____

Was Parent/Guardian Notified _____ Name of Parent/Guardian/Telephone _____

Additional Remarks or File Notations:

Note to Parent(s) or Guardian(s):

The above stated medical treatment was administered to your child by an employee of the school system. The treatment provided was within the limits of basic first-aid and should not be considered definitive care for the problem.

If you believe further medical care is needed, it is recommended that you seek medical attention from your personal family physician or a medical care facility.

Report Date _____ 20 _____ Reported By _____