

TEXAS EDUCATION AGENCY
Division of Administrative Services
Eye Injury Report

Name of School District _____ County-District No. _____

Name of School _____ Address _____

Name of Injured _____ Pupil Teacher Other _____

Sex _____ Age _____ Grade or Position _____

Date of Accident _____ Time of Day _____

Time Lost Due to Accident _____

Location of Accident- School _____ Facility _____

Course Being Taught _____

Activity in Class _____

Was Activity Supervised? Yes No

Name of Supervisor or Teacher _____

Nature and Extent of Injury _____

Cause of Accident _____

Were protective Eye Devices Worn? Yes No

Person Submitting Report _____

Title _____ Date _____

Section 21, 909, Part (d) Texas Education Code states:

"Whenever an accident occurs during the conduct of any of the courses described in subsection (a) of this section, and an injury to the eye of a teacher or pupil results, the principal shall make a full written report of the accident and the injury to the State Department of Education. The department shall prescribe the form and contents of the reports and shall maintain a file of all reports submitted."

Each principal of a school in which an eye injury does occur shall prepare within five (5) days of the injury a report in triplicate using the prescribed forms. The original and one copy should be sent immediately to the Office of the Superintendent who will forward the original to:

Division of Administrative Services
Texas Education Agency
201 East 11th Street
Austin, Texas

Principal _____
Signature