

Saranac Community Schools

STUDENT / STAFF ACCIDENT REPORT

1. School: Saranac, Michigan 48881

2. Student Full Name: First: Middle: Last:

3. Student's Home Address:

4. Student Age Date of Birth Gender Grade Level

5. Date of Accident Hour

6. Description of Accident / Detailed:

How did it occur?

Where did it occur?

7. Part of body injured: Part:

8. Description of Activity (What was student doing at time of injury? If athletics, NAME SPORT and state whether interscholastic, intramural, or other.)

9. Name of school authority supervising activity:

Was supervisor a witness to the accident?

If not, when was the accident first reported to school authority? Date:

IMMEDIATE ACTION TAKEN:

WHO WAS NOTIFIED:

PARENT \_\_\_\_\_
DOCTOR \_\_\_\_\_
OFFICE \_\_\_\_\_
OTHER \_\_\_\_\_

Signature of school official \_\_\_\_\_ Date: \_\_\_\_\_

Title \_\_\_\_\_