**Wayland Union Schools**

**Student/Visitor Accident Report**

 **(To be completed immediately after incident/accident occurs)**

**Please complete all blanks. If not applicable, so indicate by N/A**

|  |
| --- |
| **Building: Date: Time: AM or PM** |
| **Classification: Visitor** **[ ]  Other** **[ ]**  |
| **Name of injured person: Social Security #**  |
| **Address: Telephone #**  |
| **Birthday : Mo \_\_\_\_\_\_Day\_\_\_\_\_\_ Year\_\_\_\_\_\_**  |
| **Gender: Male** **[ ]  Female** **[ ]  Marital Status: Married** **[ ]  Single** **[ ]**  |
|  |
| **Date of injury: Was injury fatal? Yes** **[ ]  No** **[ ]**  |
| **Location of accident: Building: School grounds \_\_\_\_ School bus \_\_\_\_**  |
| **Place of accident: Classroom \_\_\_\_ Gym \_\_\_\_ Hallway/Stairway \_\_\_\_ Playground \_\_\_\_ Entryway \_\_\_\_** **County: Shop \_\_\_\_ Parking Lot \_\_\_\_ Sporting Event/Practice \_\_\_\_ Other \_\_\_\_**  |
| **Describe how the injury occurred:** |
| **Describe initial treatment:**  |
| **Name and address of attending doctor:**  |
| **If hospitalized, name and address of hospital:**  |
| **Describe the type of injury or illness (example – burn, cut, fracture):**  |
| **Part of body directly affected (example – left hand, right arm, left eye):**  |
| **Describe the events that caused the injury (example – fell, tripped):**  |
| **Name the object or substance which directly caused the injury:**  |
| **Witnesses to accident 1. Name and contact number:** |
| **2. Name and contact number:** |
| **VISITOR / OTHER:**  |
| **Additional contact information:**  |
| **Additional comments:**  |

**Signature of injured person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of witness (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of building administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Wayland Union Schools**

**850 E Superior St**

**Wayland, MI 49348**

**269.792.2181**

**Direct questions to HUMAN RESOURCES at** **HR@waylandunion.org** **OR 269.792.2181**

**Building to upload report to Google Drive for Accident Reporting within 48 Hours of Incident / Accident**

**- contact HR with questions**