**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: Student** **[ ]  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:** |

**STUDENT:**

|  |
| --- |
| **School: Grade:**  |
| **Was an instructor present? Yes** **[ ]  No** **[ ]  If yes, instructor’s name:**  |
| **If no, was another employee present? Yes** **[ ]  No** **[ ]  If yes, name:**  |
| **Was family notified? Yes** **[ ]  No** **[ ]  If yes, time: By whom:**  |
| **Name of parent or guardian:**  |
|  |
| **VISITOR / OTHER:**  |
| **Additional contact information:**  |
| **Additional comments:**  |

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

**Signature of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of supervisor on duty at time of injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Wayland Union Schools**

**850 E Superior St**

**Wayland, MI 49348**

**269.792.2181**

**Send Form to HUMAN RESOURCES within 48 Hours of Incident / Accident**

**HR@waylandunion.org** **OR 269.503.8877 fax**