**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**](mailto:HR@waylandunion.org) **OR 269.503.8877 fax**