

**INSTRUCTIONS:**

1. A report is submitted on the day of occurrence.
2. In case of serious injury, signed statements by witnesses must accompany report.
3. A followup report is required if accident causes absence from school.

**ACCIDENT REPORT**

ST. LOUIS PUBLIC SCHOOLS  
 St. Louis, Michigan 48880  
 Phone: (989) 681-2545

SCHOOL \_\_\_\_\_

DATE OF REPORT \_\_\_\_\_

TIME OF REPORT \_\_\_\_\_

A.M.

P.M.

**PERSON INJURED**

NAME	<input type="checkbox"/> STUDENT	AGE	SEX	GRADE	<input type="checkbox"/> SCHOOL INSURANCE	DATE FORM COMPLETED
	<input type="checkbox"/> NON-STUDENT				<input type="checkbox"/> OTHER INSURANCE	

ADDRESS \_\_\_\_\_

NATURE OF INJURY \_\_\_\_\_

**ACCIDENT:**

DATE	TIME _____ A.M.	LOCATION
	_____ P.M.	

DESCRIPTION OF ACCIDENT \_\_\_\_\_

**WITNESS(ES)**

NAME OF PERSON(S) ON DUTY/WITNESS(ES)	OFFICIAL POSITION	AGE	ADDRESS	PHONE
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**FIRST AID RENDERED**

NURSE CONTACTED	ADDRESS	PHONE	TIME
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DOCTOR CONTACTED	ADDRESS	PHONE	TIME
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TYPE OF AID ADMINISTERED	PERSON ADMINISTERING	TIME
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**ADDITIONAL MEDICAL AID**

TYPE OF AID \_\_\_\_\_

PERSON ADMINISTERING	ADDRESS	TIME
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**PARENT/RELATIVE CONTACTED**

NAME	RELATIONSHIP TO INJURED	ADDRESS	PHONE	TIME
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<input type="checkbox"/> SENT HOME	TIME	METHOD OF TRANSPORTATION
<input type="checkbox"/> NOT SENT HOME		

**ADDITIONAL INFORMATION**

SIGNATURE OF NURSE/TEACHER \_\_\_\_\_

SIGNATURE OF PRINCIPAL \_\_\_\_\_

**NOTE**

THE CONTENTS OF THIS REPORT DO NOT CONSTITUTE ANY ADMISSION OF LIABILITY ON THE PART OF THE SCHOOL SYSTEM OR ANY EMPLOYEE THEREOF.

White - Building • Canary - Central Office • Pink - Insurance Co.