

Charlotte Public Schools
378 State Street
Charlotte, MI 48813
Dr. Nancy Hipskind, Superintendent
517-541-5100

RECORD OF STUDENT ACCIDENT REPORT

STUDENT'S NAME _____ DATE _____

PARENT'S NAME _____ PHONE # _____

ADDRESS _____

DATE AND TIME ACCIDENT OCCURRED _____

BUILDING WHERE ACCIDENT OCCURRED _____

EXACT LOCATION IN BUILDING WHERE ACCIDENT OCCURRED _____

NATURE OF INJURY _____

DESCRIPTION OF ACCIDENT _____

WAS PARENT CONTACTED? YES _____ NO _____

IMMEDIATE CARE _____

PROFESSIONAL CARE _____

PERSON IN CHARGE _____ POSITION _____

DID PERSON IN CHARGE WITNESS ACCIDENT? YES _____ NO _____

OTHER ADULT WITNESSES _____

STUDENT WITNESSES _____

DESCRIBE THE EQUIPMENT OR PROPERTY (IF ANY) INVOLVED WITH THE INJURY
(INCLUDE DESCRIPTION OF ANY DEFECTS) _____

IF THE EQUIPMENT OR PROPERTY WAS DEFECTIVE, DESCRIBE THE CORRECTIVE
ACTION TAKEN _____

COMMENTS _____

SIGNED _____
WITNESS COMPLETING REPORT

SIGNED _____
BUILDING ADMINISTRATOR

WITHIN ONE DAY OF THIS ACCIDENT, FORWARD THIS FORM TO:

DON SOVEY, ASSOCIATE SUPERINTENDENT FOR BUSINESS

Charlotte Public Schools
378 State Street
Charlotte, MI 48813
Carl Ellinger, Superintendent
517-541-5100

ACCIDENT FOLLOW-UP FORM

INSTRUCTIONS: WITHIN TWO DAYS OF EACH STUDENT INJURY, THE BUILDING PRINCIPAL WILL CONTACT THE INJURED STUDENT'S PARENT OR GUARDIAN TO ASSESS THE CONDITION OF THE STUDENT. THE PRINCIPAL WILL REPORT FINDINGS AND FORWARD THIS FORM TO THE ASSOCIATE SUPERINTENDENT FOR BUSINESS FOR INSURANCE REPORTING.

DATE OF INJURY _____

NAME OF STUDENT _____

NAME OF PARENT/GUARDIAN CONTACTED _____

SUMMARY OF CONVERSATION WITH PARENT/GUARDIAN _____

DESCRIPTION OF STUDENT CONDITION _____

SIGNED _____

BUILDING ADMINISTRATOR

BUILDING _____