

<p style="text-align: center;"><b>INSTRUCTIONS</b></p> <ol style="list-style-type: none"> <li>1. A report should be submitted within 24 hours of occurrence.</li> <li>2. In case of serious injury, signed statements by witnesses must accompany report.</li> <li>3. A follow-up report is required if accident causes absence from school/work.</li> </ol>	<h1 style="margin: 0;">ACCIDENT REPORT</h1> <p style="margin: 10px 0 0 0;">Comstock Public Schools 3010 Gull Road Kalamazoo, MI 49048</p>	<p>SCHOOL _____</p> <p>DATE OF REPORT: _____</p> <p>TIME OF REPORT _____ A.M. or P.M.</p>
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**PERSON INJURED**

<input type="checkbox"/> <b>EMPLOYEE</b> <input type="checkbox"/> <b>STUDENT</b> <input type="checkbox"/> <b>NON-STUDENT</b>	<b>AGE</b>	<b>SEX</b>	<b>GRADE</b>	<input type="checkbox"/> <b>SCHOOL INSURANCE</b> <input type="checkbox"/> <b>OTHER INSURANCE</b>
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NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS, CITY, STATE & ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**ACCIDENT**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. or P.M. LOCATION: \_\_\_\_\_

**DESCRIPTION OF ACCIDENT**

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**WITNESS (ES)**

NAME OF PERSON(S) ON DUTY/WITNESS(ES)	OFFICIAL POSITION	ADDRESS	PHONE#
_____	_____	_____	_____

**DESCRIBE ANY FIRST AID RENDERED**

TYPE OF FIRST AID ADMINISTERED: \_\_\_\_\_

PERSON ADMINISTERING: \_\_\_\_\_

TIME FIRST AID ADMINISTERED: \_\_\_\_\_

<input type="checkbox"/> SENT HOME	<input type="checkbox"/> TAKEN/WENT TO DOCTOR
<input type="checkbox"/> NOT SENT HOME	<input type="checkbox"/> TAKEN TO HOSPITAL
<input type="checkbox"/> RETURNED TO CLASS/WORK	

**PARENT/AUTHORIZED CONTACT PERSON**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP TO INJURED: \_\_\_\_\_ TIME: \_\_\_\_\_

YES  NO I CONSENT TO THE ADMINISTRATION PROVIDING A COPY OF THIS FORM TO THE COMSTOCK EDUCATION ASSOCIATION AND/OR COMSTOCK PARAPROFESSIONAL ASSOCIATION.

\_\_\_\_\_  
SIGNATURE OF TEACHER OR INJURED STAFF MEMBER

\_\_\_\_\_  
SIGNATURE OF BUILDING ADMINISTRATOR

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

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SUPERINTENDENT