

MECOSTA-OSCEOLA INTERMEDIATE SCHOOL DISTRICT
15760 190TH AVENUE, BIG RAPIDS, MI 49307
231-796-3543 FAX 231-796-3300

STUDENT ACCIDENT REPORT FORM

Complete this form in the event of a student accident.

Send copy home with student, mail copy home to parent/guardian, one copy to supervisor and original in student file.

Program Name: _____ Reported By: _____

Name: _____ Age: _____

Address: _____ Phone: _____

Nature of injury: _____

Time accident occurred: _____ Date: _____

Briefly describe how accident took place: _____

Witnesses:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Remarks: _____

Action taken: _____

Instructor's Signature

Date