

# STUDENT ACCIDENT REPORT

BIRMINGHAM PUBLIC SCHOOLS  
Birmingham, Michigan

Student Accident Insurance No. \_\_\_\_\_

Date of Report \_\_\_\_\_

School \_\_\_\_\_

Date of Accident and Time \_\_\_\_\_

Name of Injured \_\_\_\_\_

Telephone Number of Injured Person \_\_\_\_\_

Address of Injured (Street and City) \_\_\_\_\_

Age \_\_\_\_\_

Teacher in Charge \_\_\_\_\_

Grade \_\_\_\_\_

## RELEVANT FACTS

Nature of Accident: \_\_\_\_\_

Where did accident occur? Give specific location. \_\_\_\_\_

Was special equipment involved? \_\_\_\_\_

In School Building

Playground

Outside of School Property

Not on School Property

Camping, or on a trip

On the Bus

Doctor's Name \_\_\_\_\_

If Taken to Hospital, Hospital Name \_\_\_\_\_

By Whom Taken to the Hospital? \_\_\_\_\_

How was Parent Notified? \_\_\_\_\_

Disposition of Case \_\_\_\_\_

NOTE: On the reverse side of this form please write a short narrative of the general circumstances leading up to the events surrounding this accident. Also, please describe the nature and extent of the injury to the best of your ability. Note the presence of the teacher at the time of the accident. Note what the teacher was doing at the time of the accident.