

**ACCIDENT REPORT
CALVIN CHRISTIAN HIGH SCHOOL
3750 IVANREST S.W.
GRANDVILLE, MI 49418**

Date of Report _____

Name of Injured Person (Print): LAST _____ FIRST _____ M.I. _____

Address _____

Injured Person's: Age _____ Sex _____ Grade _____ **Phone Number** _____

Insurance company of injured person _____

Has a claim ever been filed with First Agency, Inc. on this student? (yes or no) _____

Part of Body injured: RIGHT LEFT **BODY PART** _____

Activity: SPORT _____ INTERSCHOLASTIC _____ INTRAMURAL _____

Nature of Injury _____

Information about the accident:

Date _____ Time _____ Location _____

Description of accident _____

Witnesses:

Name of school authority supervising activity: _____

Was Supervisor a witness to the accident? YES _____ NO _____

If not, when was accident first reported to a school authority? (date) _____

First Aid Rendered:

Type of First Aid and administered by whom _____

Doctor _____ Med Center _____

Type and location of additional aid _____

Parent/Relative Contacted:

Name _____ Relation to Injured _____

Time _____ Method of Transportation: Sent home _____ Not sent home _____

Additional Information:

Signature: Teacher, Coach, Sponsor _____ Principal _____

BE AWARE OF THE FOLLOWING:

- Submit completed form to the Administrative Secretary of the Principal **within 24 hours of accident/injury.**
- Administrative Secretary will immediately forward a copy of this form to the Superintendent and A.D.