

HOPKINS HIGH SCHOOL
333 Clark Street
Hopkins, MI 49328

STUDENT ACCIDENT REPORT

Today's Date: _____ Date of Accident: _____

Student's Full Name: _____ Grade: _____

Date of Birth: _____ Male Female

Detailed description of accident. How did it occur?

Where did it occur? _____

Part of body injured: _____ LEFT RIGHT

Activity: Sports Interscholastic Other (describe)

Name of school authority in charge: _____

Was the supervisor a witness to the accident? YES NO

Other witnesses: _____

Was first aid treatment needed? YES NO If yes, what kind and by whom?

Was medical attention needed? YES NO If yes, an insurance form must be filled out in order to process any claim. All claimants must be advised that our insurance is only a secondary carrier.

Parents/Guardians notified Sent home Sent back to class

Signature of school official _____

Title _____