

**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 _____

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.**