



MADISON-GRANT UNITED SCHOOL CORPORATION

Accident/Injury Report

Date of Accident/Injury: _____ Time of Accident/Injury: _____

Injury to: Student _____ Employee _____ Visitor _____

Name: _____ School: _____

(If Visitor) Address of Injured Person : _____

(If Visitor) Phone Number of Injured Person:

Nature of injury:

Statement of How and Where Accident Happened (State Exact Location):

Home Called: Yes _____ No _____ Time _____ Initials _____

First Aid or Immediate Care Provided:

End Result: Taken Home _____ Taken to Hospital or Doctor's Office _____ Returned to class/other _____

Reported by _____ Date _____

Witnesses:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Principal Signature _____ Nurse Signature _____

WHITE COPY: Administration Office YELLOW COPY: Principal PINK COPY: Nurse