

**ACCIDENT FORM
CHESANING UNION SCHOOLS**

School _____

Date of report _____ Time of report _____

Name _____ Grade _____ Sex _____ Age _____

Address _____

Nature of injury: _____

THE ACCIDENT

Date of accident _____ Time of accident _____

Location of accident _____

Description of accident:

Other person (s) involved:

Name of person (s) on duty – official position, address, and phone number:

What action was taken after the accident?

Was anyone contacted -- who? _____

Signature of person filing this report _____

Signature of building principal _____

The contents of this report does not constitute any admission of liability on the part of the school system or any employee thereof.