

**MECOSTA-OSCEOLA INTERMEDIATE SCHOOL DISTRICT**  
**15760 190<sup>TH</sup> AVENUE, BIG RAPIDS, MI 49307**  
**Phone (231) 796-3543 Fax (231) 796-3300**

**GUEST/VISITOR ACCIDENT REPORT FORM**

**To be completed in the event of ANY injury and returned to the program administrator. A copy will be filed with the Business Office.**

Name \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Witnesses (if any) \_\_\_\_\_

Describe how Accident/Injury Occurred \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Treatment Rendered or Action Taken \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Attending Physician \_\_\_\_\_

Hospital (if any) \_\_\_\_\_

Guest/Visitor Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
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