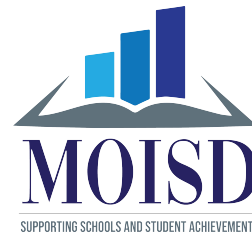


Mecosta-Osceola Intermediate School District Education Center

15760 190th Avenue, Big Rapids, Michigan 49307-9096
Phone: 231-796-2624 Fax: 231-796-2625 www.moisd.org



Student Accident/Incident Report Form

Student Name: _____ **Age:** _____

Address: _____ **Phone:** _____

Program Name: _____ **Reported By:** _____

Time Occurrence Took Place: _____ **Date:** _____

Brief Description: _____

Please Choose One:

ACCIDENT: A student accident report shall be filled out when an accident occurs in the classroom or on the school grounds and first aid is sought. Parent/Guardian will be notified.

INCIDENT: A student incident report shall be filled out as documentation of an incident occurring (non-medical) where the parent/guardian should be notified.

Witnesses:

Name: _____ *Position:* _____

Name: _____ *Position:* _____

Remarks: _____

Action Taken: _____

Office Use Only

Administrator's Signature/Date

*Copies to: Student File (Original)
Home with Student
U.S Mail to Parent
Administrator/Office*

Instructor Signature

Date

s/office/forms 2.2.16