

WHITEFORD AGRICULTURAL SCHOOLS

6655 Consear Road
Ottawa Lake, Michigan 49267

STUDENT INJURY REPORT

Date _____ Student _____

Teacher _____ Address _____

Age _____ Grade _____

Athlete currently in season? Yes No

Place of accident _____

Date of accident _____ Time of accident _____

Describe injury and explain how accident happened:

Action taken by employee:

Were parents notified? Yes No

Was office notified? Yes No

If athlete in season:

Was trainer notified? Yes No

Was AD notified? Yes No

Employee's Signature

Principal's Signature

Trainer's Signature

Athletic Director's Signature

Additional Comments: