

Benzie Central Schools
Student Accident Report

Student's Name: _____

Social Security Number: _____ Date of Birth: _____ Grade: _____

Address: _____

Name of Parent/Guardian: _____ Phone: _____

Date of Accident: _____ Time: _____ a.m. p.m.

Building or Location of Accident: _____

Place of Accident (i.e. Gym/Playground): _____

Type and Extent of Injury: _____

Describe How Accident Occurred: _____

Witnesses (Names and Phone Numbers): _____

Describe Action Taken: _____

Parent/Guardian Notified: Yes No If no, explain: _____

Report Prepared By: _____ Date: _____

Principal's Signature: _____ Date: _____

**Note: Parent's insurance is primary and the school's insurance is secondary.
Injuries during athletic practices and games are not covered.**

Please forward copy to the Superintendent's Office.
Office Use Only: Date Claim Filed: _____