

# WHITEFORD AGRICULTURAL SCHOOLS

6655 Consear Road  
Ottawa Lake, Michigan 49267

## INJURY REPORT – STUDENT / GUEST / CONTRACTOR

Date of Incident \_\_\_\_\_ Name \_\_\_\_\_

☐ Student ☐ Guest ☐ Contractor Address \_\_\_\_\_

Teacher (if applicable) \_\_\_\_\_

Time of Accident \_\_\_\_\_ Phone Number \_\_\_\_\_

Athlete currently in season (see below for additional information)? ☐ Yes ☐ No

Location/Place of Accident (be specific): \_\_\_\_\_

Name of Witness(es) \_\_\_\_\_

Describe injury and explain how accident happened (be specific; use back of sheet if necessary):

Action taken by employee (be specific; use back of sheet if necessary):

### IF ATHLETE IN SEASON:

Were parents notified? ☐ Yes ☐ No

Was trainer notified? ☐ Yes ☐ No

Was office notified? ☐ Yes ☐ No

Was AD notified? ☐ Yes ☐ No

Was medical treatment sought? ☐ Yes ☐ No Where? \_\_\_\_\_

If hospital, was ambulance called? ☐ Yes ☐ No Ambulance Co: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Trainer's Signature (if applicable)

\_\_\_\_\_  
Athletic Director's Signature (if applicable)

Additional Comments (use back of sheet if necessary):