WESTWOOD COMMUNITY SCHOOLS
M.A.I.S.L. STUDENT INJURY REPORT FORM

BUILDING _____ LOCATION CODE _____

Accident and severe illness report to be completed on the day the accident occurs. Serious injuries should be reported by District Central Office by phone to Gallagher Bassett (248-352-1062) and a copy of this form sent to: GALLAGHER BASSETT, P.O. BOX 687, SOUTHFIELD, MI 48037-0687.

This form should be completed to assist in determining the following:

- Accidental loss of tooth
- Acute sprain
- Brain Damage
- Death
- Disc injury
- Dismemberment
- Fracture
- Illness/injury severe enough to cause immediate transfer for medical care
- Loss of consciousness
- Loss of sight
- Psychological/psychiatric incident
- Seizure
- Severe bleeding
- Severe burn
- Severe head injury
- Anything else identified by principal

School_____ Date of Injury_____ Time of Injury _____ AM/PM

Injured Student's Name_____ Grade_____ Date of Birth_____

Student's Address_____ Phone_____

With Whom Student Lives_____ Relationship_____

Home Notified: Name of Person Notified_____

Date_____ Time_____ By Whom?_____

Is the Child Covered by Insurance? ☐ Yes ☐ No Insurance Company_____

Type of Injury:_____ Body Part Injured:_____

Description of Accident: (*What was the student doing when injured? Describe the injury/illness naming part of body affected. Name any object/substance involved in the injury. Describe the events leading to the injury. Use reverse side for additional comments*).

_____

_____

_____

First Aid or Other Action Taken and by Whom:

_____

_____

Disposition of Incident: ☐ Back to Class ☐ Sent/Taken Home With Whom?_____

☐ To Hospital_____
Name Address

☐ Observed in School Date Returned to School_____

Witnesses:

(1) Name_____ Address_____

(2) Name_____ Address_____

Signature of Person Reporting_____ Phone_____ Date_____

Supervising Person_____ Phone_____ Date_____

For Follow-up, Contact_____ Phone_____ Date_____

ORIGINAL TO: District Central Office

COPY TO: Gallagher Bassett

RETAIN COPY: Building File

Form # MAISL 98-001