

DOWNRIVER CAREER TECHNICAL CONSORTIUM

School Districts of:

Airport, Flat Rock, Gibraltar, Grosse Ile, Huron, Riverview, Southgate, Trenton and Woodhaven-Brownstown

STUDENT ACCIDENT REPORT

Student's Name

Date

Program Name

Instructor

Type of Injury:

Parent(s) Contacted: Yes ____ No _____ Could not be reached _____ (Indicate all that apply)

First-Aid Applied:

Staff Member Completing this report: _____

Name

Remarks:

