

STUDENT ACCIDENT REPORT

Name and Address of School: _____

Name of Person Injured: _____ Grade: _____

Parent's Name: _____ Phone: _____

Address: _____

Date of Accident: _____ Time: _____

A.M./P.M. _____

Location of Accident: _____

Teacher or Person Supervising: _____

Describe How Accident Occurred: _____

Condition of Premises: _____

Extent of Injury: _____

Measures Taken After Accident: _____

Was First Aid Administered? _____ Yes/No By Whom? _____

Were Parents Notified? _____ Yes/No How? _____

By Whom? _____ At What Time? _____

Witnesses and Their Addresses: _____

Student Accident Insurance? _____ Yes/No Insurance Company _____

Name of Person Making Report: _____

Position: _____ Date of Report: _____

All accidents should be reported to the appropriate parish program leader using this form on the day they occur. Student accident insurance is not provided by the protected self insurance program. However, to protect the Diocese this report is required on all injuries other than minor cuts and bruises. PLEASE FORWARD COPY TO:

Gallagher Bassett Insurance Service (Phone 517-351-3100)

P.O. Box 1448

East Lansing, Michigan 48826-1448