

STUDENT ACCIDENT REPORT

Name and address of parish: _____

Name of person injured: _____

Parent's name: _____

Address: _____

Date of accident: _____ Time: _____ AM / PM

Coach 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 PASTOR/PRINCIPAL'S OFFICE ON THIS FORM THE DAY THEY OCCUR.

Please forward copy to: Gallagher Bassett Services
29777 Telegraph, Suite 4200
Southfield, MI 48034
Telephone: (248) 352-1062