

STUDENT ACCIDENT REPORT FORM

School/Parish: _____ MCC Unit No.: _____ Phone: () _____

School/Parish Address: _____ City: _____ Zip: _____

Name of person injured: _____ DOB: _____ Grade: _____

Parent's Name: _____ Phone: () _____

Parent's Address: _____ City: _____ Zip: _____

Date of Accident: _____ Time: _____ AM PM _____

Specific Location of Accident: _____

Person Supervising: _____ Title: _____

Describe how accident occurred: _____

Describe injury, extent, and part of body: _____

Name of person providing first aid: _____

Describe first aid administered: _____

Were parents notified? Yes _____ No _____ How? _____

By whom? _____ At what time? _____

List of witnesses, addresses and phone numbers:

Name of person making report: _____ Phone: () _____

Title: _____ Date of report: _____

ALL accidents should be reported to the Pastor/Principal's Office on this form the day they occur.

Student Accident Supplemental Insurance is provided by a separate program through the Michigan Catholic Conference. However, to protect the diocese from potential liability, this report must be completed by the supervising staff member for all injuries other than the minor cuts and bruises.

Send original to (keep a copy for your files):

Gallagher Bassett Services
2601 Cambridge Court, Suite 435
Auburn Hills, MI 48326
Telephone: (248) 475-0228