

ACCIDENT REPORT (STUDENT)

School: _____ MCC Unit No. _____ Phone: (____) _____

Name of person injured: _____

School Address: _____ City: _____ Zip: _____

Name of injured student: _____ 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 witnesses, addresses and phone numbers:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Person making report: _____ Phone (____) _____

Title: _____ Date of report: _____

An accident should be reported to the principal's office on this form on the day it 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 minor cuts and bruises.

SEND ORIGINAL IMMEDIATELY, KEEP COPY FOR YOUR FILES:

**GALLAGHER BASSETT SERVICES
PO Box 687
Southfield, MI. 48037
Phone: 248-352-1062 Fax: 248-350-1710**