

**ACCIDENT REPORT FOR CHILDREN/YOUTH**

Parish: \_\_\_\_\_ MCC Unit No. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parish address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Injured Child/Youth: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parents' address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of accident: \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Specific location of accident: \_\_\_\_\_

Person Supervising: \_\_\_\_\_ Title: \_\_\_\_\_

Describe how accident occurred: \* \_\_\_\_\_  
\_\_\_\_\_

Describe accident location, surface, and condition: \*

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, address and phone numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person making report: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Title: \_\_\_\_\_ Date of report: \_\_\_\_\_

*\* If necessary, use the other side of this form for further explanations.*

**All accidents should be reported to the Religious Education Office on this form on the day they occur.**

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

**KEEP A COPY FOR YOUR FILES. SEND THE ORIGINAL FORM IMMEDIATELY TO:**

GALLAGHER BASSETT SERVICES, INC.  
PO Box 687  
Southfield, MI 48037  
(248) 352-1062 Fax (248) 350-1710