

SAINT MARGARET MARY - ACCIDENT REPORT

Each accidental injury is to be reported on this form. (This form must be presented to the parish office within 24 hours of the accident.)

WHO WAS HURT?

Name: _____ Address: _____

Age: _____ Sex: _____ Phone Number(s): _____ (Home/Work) _____ (Cell)

If a minor, Name of Parents/Guardian: _____

WHEN DID THE ACCIDENT HAPPEN? Date: _____ Time _____ A.M. / P.M.

WHERE DID THE ACCIDENT HAPPEN? Specific location on our property

Was it an automobile accident? _____ Name of others involved: _____ If so, please provide:

Name _____ Phone _____ (Home/Work) _____ (Cell)

DESCRIBE THE ACCIDENT AND TELL WHAT THE PERSON WAS DOING WHEN HURT:

WITNESSES: DID ANYONE SEE THE ACCIDENT? _____ If so, please provide:

Name _____ Phone _____ (Home/Work) _____ (Cell)

WHAT KIND OF INJURY WAS IT? (Broken arm, head injury, cut, burn, etc.)

WAS: EMS CALLED? _____ ; **THE INDIVIDUAL TAKEN TO THE HOSPITAL ?** _____

By Whom? _____ **DOCTOR CALLED OR VISITED?** _____ If so, name and address:

WHAT FIRST AID WAS ADMINISTERED? _____

WHO ADMINISTERED THE FIRST AID? _____

DID THE INJURY KEEP THE INDIVIDUAL FROM WORK OR SCHOOL? _____

If so, for how long? _____

Signature _____ Phone Number _____ Date _____
(Parish Representative - Director, Principal, Teacher, Coordinator, Coach, etc.)