

# STUDENT ACCIDENT REPORT

SCHOOL \_\_\_\_\_ MCC UNIT NO. \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF INJURED STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

SSN \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PARENT'S ADDRESS: \_\_\_\_\_

(NUMBER & STREET)

(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, ADDRESSES, AND PHONE NUMBERS:

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

PERSON MAKING REPORT: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_

ALL ACCIDENTS SHOULD BE REPORTED TO THE PRINCIPAL'S 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 DIOCESE FROM POTENTIAL LIABILITY, THIS REPORT MUST BE COMPLETED FOR ALL INJURIES OTHER THAN MINOR CUTS AND BRUISES.

**PLEASE REPORT ALL INJURIES IMMEDIATELY TO GALLAGHER BASSETT SERVICES, INC.:**

**2601 CAMBRIDGE COURT SUITE 435  
AUBURN HILLS MI 48326  
(248) 452-6050 FAX (248) 475-0228**