Student Accident Report

**This form must be completed with all reasonably available information *(within 72 hours of the injury)* by the faculty member, moderator, coach, or person responsible for the event. Exception to this would be an accident during school time when the nurse is available.**

* Form must be filled out if injury requires emergency room, hospital, doctor, or outside clinic attention.
* One copy is kept on file at the school and one is sent to the Superintendent of Catholic Schools.

**Name of Parish/School**

**Injured Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age**

**Address**

**Date of Accident \_\_\_\_\_\_\_ Time of Accident \_\_\_a.m. \_\_\_p.m. Place of Accident**

**Custodial Parent’s Name and Address**

**Nature and Extent of Injuries**

**Where was injured person taken?**

**Mode of Transportation \_\_\_\_\_\_\_ Car \_\_\_\_\_\_\_ Rescue Squad**

**Attending Physician**

**Address**

**General Description of Accident (If additional space is needed, use other side.)**

**Were parents notified by you? \_\_\_Yes \_\_\_No If no, who notified them?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Person in Charge Position**

**Date Report Filed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Keep one copy in your file.

Mail, Fax *or* Email to: Julie Link ~ DOCS ~ P. O. Box 230 ~ Wheeling, WV 26003

Fax ~ 304-233-8551 ~~~ [jlink@dwc.org](mailto:jlink@dwc.org) (Reviewed 2019)