

## Student Accident Report Form

Student's Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Parish \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_

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

Place Where Accident Occurred: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Degree of Injury:      Death \_\_\_\_\_      Temporary Disability \_\_\_\_\_

   Permanent Impairment \_\_\_\_\_      Non – Disabling \_\_\_\_\_

Total number of class sessions missed on account of injury \_\_\_\_\_

(To be filled in when student returns to Catechetical Program)

Name of Catechist in charge when accident occurred \_\_\_\_\_

Was this Catechist present at the scene of the accident? \_\_\_\_\_

Immediate Action Taken:      First Aid Treatment \_\_\_\_\_      By whom? \_\_\_\_\_

   Student Taken Home \_\_\_\_\_      By whom? \_\_\_\_\_

   Call Made to "911" or local police \_\_\_\_\_      By whom? \_\_\_\_\_

Was a parent or other individual notified? \_\_\_\_\_

Who was notified? \_\_\_\_\_      When? \_\_\_\_\_

How? \_\_\_\_\_      By Whom? \_\_\_\_\_

Witnesses of accident:

1. Name \_\_\_\_\_

    Address \_\_\_\_\_

\_\_\_\_\_

2. Name \_\_\_\_\_

    Address \_\_\_\_\_

\_\_\_\_\_

3. Name \_\_\_\_\_

    Address \_\_\_\_\_

\_\_\_\_\_

Signature: DRE / YM: \_\_\_\_\_      Catechist: \_\_\_\_\_

    Pastor: \_\_\_\_\_      Date: \_\_\_\_\_