



ACCIDENT INFORMATION REPORT

This report is to be completed for every accident involving

- a student, while under the responsibility of the school/parish
- an employee (or volunteer) acting at the direction of, or on behalf of, the school/parish
- a visitor while on school premises that requires the attention of a doctor and/or hospital or that requires absence from school or work for one-half day or longer. The principal is responsible for completing and filing the report. Actual completing of the report may be delegated as necessary.

WHO WAS INJURED?

Name: _____

Check one: Student Employee Volunteer Other (specify below)

If student, give grade and age: _____

If employee (volunteer), give job title or duties: _____

For Employee, complete "Worker Compensation: First Report of Accident" and send to Church Mutual Insurance (not to State of Kentucky). For Volunteer, contact Finance Office, Diocese of Covington, for proper insurance form. Diocese of Covington, 1125 Madison Avenue, Covington Kentucky 41011-3115, Phone (859) 392-1500.

WHEN AND WHERE DID THE ACCIDENT HAPPEN?

Date: _____ Time: _____

Location (classroom, cafeteria, playground, gym, etc.) _____

WHAT HAPPENED?

Describe the accident: _____

NAMES OF WITNESSES: _____

WHAT KIND OF INJURY?

Part of body affected and type of injury: _____

WHAT ACTION WAS TAKEN?

____ Parent/Guardian notified Transported to doctor/hospital by school personnel
____ Student released to Parent/Guardian Emergency unit/ambulance called
Other _____

Person completing report: _____ School _____

Principal/DRE: _____ Date: _____

Original: Department of Catholic Schools - Attn. Patty Meirose

Copy: School/Parish Files

Note: It is not necessary to send a copy of this report to Church Mutual. Thank you.