



CATHOLIC DIOCESE
OF
KALAMAZOO

ACCIDENT REPORT

SCHOOL/PARISH _____ MCC UNIT NO. _____

PHONE: _____ STREET ADDRESS: _____

CITY: _____ ZIP: _____

NAME OF INJURED STUDENT: _____

DATE OF BIRTH: _____ GRADE: _____

PARENT'S NAME: _____ PHONE _____

PARENT'S ADDRESS: _____

DATE OF ACCIDENT _____ (NUMBER & STREET) _____ (CITY) _____ (ZIP)
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 ADDRESS PHONE NUMBER:

LIST WITNESSES	ADDRESS	PHONE NUMBER:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSON MAKING REPORT: _____ PHONE _____ TITLE: _____ DATE OF REPORT: _____

ALL ACCIDENTS SHOULD BE REPORTED TO THE PRINCIPAL'S OFFICE / PARISH 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.:
(833) MCC-LOSS / (833) 622-5677