

**ACCIDENT REPORT**

TO BE FILLED OUT AT TIME OF ACCIDENT FOR A STUDENT REFERRED TO A PHYSICIAN. TO BE FILLED OUT FOR ALL ACCIDENTS INVOLVING AN EMPLOYEE OR VISITOR.

NAME OF SCHOOL		
NAME OF INJURED PERSON		DOB
ADDRESS		CITY
PHONE	EMAIL	
DATE OF ACCIDENT		TIME OF ACCIDENT
LOCATION OF ACCIDENT		
PERSON IN ATTENDANCE		
INSURED: <input type="checkbox"/> STUDENT <input type="checkbox"/> VISITOR <input type="checkbox"/> EMPLOYEE		
GRADE	TEACHER	

NATURE OF ACCIDENT	PART OF BODY INJURED
<input type="checkbox"/> ABRASION <input type="checkbox"/> BRUISE/BUMP <input type="checkbox"/> BURN <input type="checkbox"/> CUT <input type="checkbox"/> CONVULSION <input type="checkbox"/> DISLOCATION <input type="checkbox"/> FRACTURE <input type="checkbox"/> HEAD INJURY <input type="checkbox"/> LACERATION <input type="checkbox"/> PUNCTURE <input type="checkbox"/> SHOCK <input type="checkbox"/> SPRAIN	<input type="checkbox"/> ABDOMEN <input type="checkbox"/> ANKLE <input type="checkbox"/> ARM* <input type="checkbox"/> BACK/SPINE <input type="checkbox"/> CHEST <input type="checkbox"/> ELBOW* <input type="checkbox"/> EYE* <input type="checkbox"/> FACE <input type="checkbox"/> FINGER* <input type="checkbox"/> FOOT* <input type="checkbox"/> HAND <input type="checkbox"/> HEAD <input type="checkbox"/> HIP* <input type="checkbox"/> KNEE* <input type="checkbox"/> LEG* <input type="checkbox"/> LIP <input type="checkbox"/> MOUTH <input type="checkbox"/> NECK <input type="checkbox"/> TEETH <input type="checkbox"/> WRIST* <input type="checkbox"/> OTHER
OTHER (EXPLAIN) _____	OTHER (EXPLAIN) _____
	*WHERE INDICATED NOTE: LEFT, RIGHT OR BOTH

HOW DID IT HAPPEN?	
WERE PARENTS / GUARDIANS OR FAMILY NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO BY WHOM?	
WHEN: (DATE AND TIME)	DID THEY COME TO THE SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO
TREATMENT, DISPOSITION AND FOLLOW-UP (USE BACK, IF NECESSARY)	
AMOUNT OF TIME LOST FROM SCHOOL OR WORK:	

\*One copy in the student's health record \*One copy in personnel file of the employee or school's health file of a visitor \*One copy to Catholic Schools Office, 2403 Holcombe Blvd., Houston, TX 77021