

INCIDENT REPORT FOR INJURIES

School: _____

Student's Last Name: _____ Student's Date of Birth: _____

Complete this report for all incidents/injuries. This report is for information only. Please read each question carefully and answer all questions as completely as you can. Do not leave any blanks, unless the question doesn't apply.

Name of School: _____

Name of Injured Student: _____ Injured Student's Age: _____

Address: _____ Home Phone: _____

Name of Witnesses / Phone Numbers: _____

When did incident occur? Date: _____ Time: _____ AM / PM

Describe the Incident: _____

Action Taken: _____

Was the parent/guardian called or was message left? _____

Did injured person seek medical care? _____

Signature of Person Making Report

Date

Signature of Principal

Date

Please forward this form to the Risk Management Office, Archdiocese of Mobile. Scan and e-mail it to riskmgmt@mobarch.org or fax it to (251) 434-1547