

# Student Accident Report Form

*Please send a copy of this report to the Office of Catholic Schools as close to the accident date as possible.*

*The teacher/coordinator should complete the report when the Principal/Director is unable to do so.*

## School Name: Our Lady of Lourdes

**Name of Student Injured:** \_\_\_\_\_

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

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

**Date of Accident:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Location of Accident (e.g., classroom, gym, playground):  
\_\_\_\_\_

What was the student doing when injured?  
\_\_\_\_\_  
\_\_\_\_\_

**Describe the accident:**  
\_\_\_\_\_  
\_\_\_\_\_

**Type of injury sustained:**  
\_\_\_\_\_  
\_\_\_\_\_

Was a doctor **called**?  Yes  No

Was the parent/guardian called?  Yes  No

If yes, provide:

**Doctor's Name:** \_\_\_\_\_

**Doctor's Address:** \_\_\_\_\_

Number of days student was kept out of school (if known): \_\_\_\_\_

Signature of Teacher/Coordinator: \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of Principal/Director: \_\_\_\_\_ **Date:** \_\_\_\_\_

