

STUDENT ACCIDENT REPORT

SCHOOL _____ MCC UNIT NO. _____ PHONE: (____)____ - _____

ADDRESS: _____ CITY: _____ ZIP: _____

NAME OF INJURED STUDENT: _____ DATE OF BIRTH: _____ GRADE: _____

PARENT'S NAME: _____ PHONE: (____)____ - _____

PARENT'S ADDRESS: _____

(NUMBER & STREET) (CITY) (ZIP)

DATE OF ACCIDENT: _____ 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, ADDRESSES, AND PHONE NUMBERS:

PERSON MAKING REPORT: _____ PHONE (____)____ - _____

TITLE: _____ DATE OF REPORT: _____

ALL ACCIDENTS SHOULD BE REPORTED TO THE PRINCIPAL'S 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.:

Phone: (833) MCC-LOSS / (833) 622-5677 | Fax: (866) 668-7780 | Email: mcclloss@mvsc.com