ACCIDENT/INJURY REPORT (NOT TO REPLACE ONLINE INSURANCE REPORTING)

Accident Report for Injuries

Complete this report for all accidents/injuries. This report is for information only. All claims should be reported immediately. Please read each question carefully and answer all questions as completely as you can. Please do not leave any blanks, unless the question does not apply.

Name of School /Child Care: ___________________________ Date: __________________________

Address of School/Child Care: ____________________________________________________________

Name of Person Injured: ___________________________ Time of Accident: __________________________

Address of injured: ___________________________ Injured Phone: __________________________

M or F Age: __________ What was happening at the time of accident? __________________________

Location of the Accident: ___________________________ (ex: playground, parking lot, etc.)

Apparent Cause: ___________________________

Nature of Injury: ___________________________

First Aid Treatment Administered: ___________________________

Name of Person Administering Aid: ___________________________ Taken to the Hospital? Y or N

By: ___________________________

Parents’ Name (if Minor): ___________________________ Time Parents Were Notified: ___________________________

Parents not Notified (Give Reason): ___________________________

Persons Who Witnessed the Accident:

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

School/Daycare/Parish Person Making Report: ___________________________ Title: __________________________

Phone number: ___________________________ Email: __________________________

Signature: ___________________________ Inform Insurance Company □

Additional information may be given on reverse side of this form. Additional sheets may be used.