



STUDENT/YOUTH ACCIDENT REPORT

LOCATION INFORMATION: Church School Date of Report: _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

CONTACT PERSON:

Name: _____ Phone: _____ Email: _____

STUDENT/YOUTH INFORMATION:

Name: _____ Age: _____

Parent(s)/Guardian(s): _____

Home address: _____

Phone: _____ Email: _____

DESCRIPTION OF ACCIDENT (provide as much detail as possible):

Date of accident: _____ Time: _____ AM/PM

Location of accident: _____

Type of injury: _____

How did accident occur? _____

Person in charge at the time of accident: _____

Was first aid administered? Yes No

If yes, by whom? _____

Please describe the type of first aid provided: _____

Were the youth's parents or legal guardians notified? Yes No

Were any of the following agencies involved? Fire Hospital Ambulance

Form Completed By:

Name Date Phone Email

Submit to:
Archdiocesan Insurance Program
Risk Management Office
2838 E. Burnside Street, Portland, Oregon 97214
503-234-5334 Fax: 503-234-2903