



# Diocese of Wheeling-Charleston

Department of Catholic Schools

## Student Accident Report

**This form must be completed with all reasonably available information (*within 72 hours of the injury*) by the faculty member, moderator, coach, or person responsible for the event. Exception to this would be an accident during school time when the nurse is available.**

- ✓ Form must be filled out if injury requires emergency room, hospital, doctor, or outside clinic attention.
- ✓ One copy is kept on file at the school and one is sent to the Superintendent of Catholic Schools.
- ✓ The Superintendent will send the completed copy of form to Catholic Mutual.

**Name of Parish/School** \_\_\_\_\_

**Injured Person** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_

**Date of Accident** \_\_\_\_\_ **Time of Accident** \_\_\_\_a.m. \_\_\_\_p.m. **Place of Accident** \_\_\_\_\_

**Custodial Parent's Name and Address** \_\_\_\_\_

**Nature and Extent of Injuries** \_\_\_\_\_

**Where was injured person taken?** \_\_\_\_\_

**Mode of Transportation** \_\_\_\_\_ **Car** \_\_\_\_\_ **Rescue Squad** \_\_\_\_\_

**Attending Physician** \_\_\_\_\_

**Address** \_\_\_\_\_

**General Description of Accident (If additional space is needed, use other side.)**

**Were parents notified by you?** \_\_\_\_Yes \_\_\_\_No **If no, who notified them?** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Person in Charge** **Position**

**Date Report Filed** \_\_\_\_\_ **Keep one copy in your school file.**

Mail, Fax *or* Email to: Julie Link ~ DOCS ~ P. O. Box 230 ~ Wheeling, WV 26003

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