



# 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