

Sacred Heart Cathedral Prep Accident-First Aid Report

Information for person involved in accident:

Name: _____ Student (include year)/Employee/Visitor: _____

Address: _____

Phone: _____ DOB: _____ If student parent name: _____

Accident Report:

Date of Accident: _____ Time of Accident: _____ Location of Accident: _____

Full description of accident and injury: _____

Supervision: _____

Witnesses: _____

Person in charge (signature): _____ Title: _____ Date: _____

First Aid Report:

Description of first aid rendered: _____

Person administering first aid: _____

Was parent notified (yes/no): _____ By whom? _____

Parent Instructions (if any): _____

Was injured taken off-site (yes/no)? _____ If so, where? _____ By whom: _____

Medical diagnosis, care and recovery: _____

Signature of school authority making first aid report: _____

Title: _____ Date: _____

Dean of Students Signature: _____ Date: _____

Insurance report: _____ Business Office: _____