



# INCIDENT INFORMATION REPORT

This report is to be completed for every incident/accident involving

- a student, while under the responsibility of the school/parish
- an employee (or volunteer) acting at the direction of, or on behalf of, the school/parish that requires the attend of a doctor or hospital or requires absence from school or work for one-half day or longer
- All incidents of employee injuries MUST ALSO be reported to Church Mutual Nurse Hotline (844-322-4662)**
- a visitor while on school or parish premises that requires the attention of a doctor and/or hospital.
- The principal is responsible for the filing of the report for school incidents; and the business manager is responsible for the filing of the report for parish incidents. Actual completion of the report may be delegated.

## WHO WAS INJURED?

Name: \_\_\_\_\_

Check  one:  Student  Employee  Volunteer  Other  (specify below)

If student, give grade and age: \_\_\_\_\_

If employee (volunteer), give job title or duties: \_\_\_\_\_

*For Employee, also complete "Worker Compensation: First Report of Accident" and send to Church Mutual Insurance (not to State of Kentucky). For Volunteer, contact Finance Office, Diocese of Covington, for proper insurance form. Diocese of Covington, 1125 Madison Avenue, Covington Kentucky 41011-3115, Phone (859) 392-1500.*

## WHEN AND WHERE DID THE ACCIDENT HAPPEN?

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location (classroom, cafeteria, playground, gym, etc.): \_\_\_\_\_

\_\_\_\_\_

## WHAT HAPPENED?

Describe the accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of Witness(es): \_\_\_\_\_

\_\_\_\_\_

## WHAT KIND OF INJURY?

Part of body affected and type of injury: \_\_\_\_\_

\_\_\_\_\_

## WHAT ACTION WAS TAKEN?

\_\_\_\_\_ Parent/Guardian notified \_\_\_\_\_ Transported to doctor/hospital by school personnel

\_\_\_\_\_ Student released to Parent/Guardian \_\_\_\_\_ Emergency unit/ambulance called

Other: \_\_\_\_\_

Person completing report: \_\_\_\_\_ Parish/School: \_\_\_\_\_

Principal/Business Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**ORIGINAL:** School or Parish Files

**COPY:** SCHOOL ACCIDENT: Department of Catholic Schools; Attn: Angie Smorey

NON-SCHOOL ACCIDENT: Finance Office; Attn: Bob Hagedorn

**NOTE:** If a liability claim is anticipated, please send a copy of this report to Catholic Mutual

**All employee injury incidents MUST ALSO be reported to the Church Mutual Nurse Hotline (844-322-4662)**