



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 AmTrust's AmCares 24/7 Nurse Line (1-855-262-2737) referencing Workers' Comp Policy # WWC3831791**
- -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 AmTrust if you did not use the recommended and preferred 24/7 Nurse Line (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: Andrea Pappas

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 AmCares 24/7 Nurse Line 1-855-262-2737