

PARISH NAME

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DIOCESE OF TUCSON

ACCIDENT REPORT

This accident report is to be completed for ALL incidents requiring a doctor visit whether or not the parent files an insurance claim. File this report in the parish office and forward one copy to the Diocese of Tucson, attention Property & Insurance Department

Name of Parish: _____

Person Completing Report: _____ Phone: _____

Date of Accident: _____ Time: _____ AM ___ PM ___

Location of Accident: _____

Child's Name: _____ Age & DOB: _____

Address: _____ Phone: _____

Parent/Guardian's Name: _____

Parent/Guardian's: _____

Parent/Guardian's Medical Insurance Co.: _____

Doctor Treating This Incident:

Name: _____ Phone: _____

Address: _____

Was anyone else involved in the accident? Yes ___ No ___

Name of that person: _____ Phone: _____

Name and relationship to child of person who picked up child:

Nature or description of the injury (use reverse side of form if necessary): _____

Were paramedics called? _____ If "Yes", attach copy of paramedic reporting documentation.

Witnesses to the Accident:

Name: _____ Phone: _____

Name: _____ Phone: _____