
INSURANCE PROGRAM
ARCHDIOCESE OF PORTLAND
Student/Youth Accident Report

Church or School _____ Phone _____

Address _____ City _____ State _____ Zip _____

Youth's name _____ Age _____

Parent(s)/Guardian(s) _____

Home address _____ Phone _____

DESCRIPTION OF INJURY

Date of accident Time _____

Type of injury _____

How did accident occur? _____

Where 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

If so, name of agencies _____

Name of clinic or doctor _____

Doctor's report (if available) on condition (sprain, broken, etc.) _____

Does the youth's family have insurance? Yes No

REPORT COMPLETED BY:

Name _____ Date Phone _____