

St. Joseph Parish
750 Peachtree Street
Herndon, VA 20170-3798
(703)880-4300 FAX (703)880-4320

Accident Report
(Please Print)

All students (including CCD students) are excluded from diocesan coverage. **For recording purposes, WITHIN 24 HOURS OF AN INJURY** this "ACCIDENT FORM" must be completed by the administrator, coordinator, adult monitor, coach teacher, etc. and delivered to Fr. Mike Ciski, T.O.R. in the Parish Office. Along with Fr. Mike's name, please note "ACCIDENT FORM" on the outside of the envelope.

Location of Accident _____ Date of Accident _____

Time of Accident _____

Type of Accident _____

Name of Injured _____

Address _____

Parents (if injured is under 18) _____

Parent(s) Phone H# _____ W # _____

Were parents notified of accident? Yes _____ No _____

By whom? _____ Phone # _____

When were parents notified? _____

Describe the extent of injuries _____

Was first aid administered? Yes _____ No _____

If yes, at what time was first aid administered? _____

Explain what First Aid was administered _____

Name of person administering First Aid _____

Address _____

Phone H# _____ W # _____

Did injury require medical treatment away from the parish? Yes _____ No _____

Where? _____

Doctor, Hospital or Emergency Center _____

Describe where and how the Accident occurred: _____

Witnesses to the Accident:

Name _____ Phone _____

Name _____ Phone _____

Indicate cause of accident, nature of activity _____

Name of Monitor _____

Phone H # _____ W # _____

Name of Group _____

Additional Information (if needed):

OFFICE USE ONLY: Received By _____ Date Received _____