

Great Falls Central Catholic High School  
Great Falls, Montana

ACCIDENT OR INCIDENT REPORT

(To be used for reporting an accident or incident involving students, parents, visitors while on the campus or at school activities) Please completed all items requested on this form:

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Place of Accident \_\_\_\_\_

Complete description of accident/incident \_\_\_\_\_

\_\_\_\_\_

Nature of injury \_\_\_\_\_

\_\_\_\_\_

Action Taken: Parent(s) notified? \_\_\_\_\_ yes \_\_\_\_\_ no By Whom? \_\_\_\_\_

Medical Assistance Required? \_\_\_\_\_

First Aid administered? \_\_\_\_\_ By Whom? \_\_\_\_\_

Witnesses \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Follow-up: Name of Doctor: \_\_\_\_\_ Hospital \_\_\_\_\_

Outcome: \_\_\_\_\_

\_\_\_\_\_

Signature of Coach/Activity Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

School Insurance accident forms completed? \_\_\_\_\_ Yes \_\_\_\_\_ No By Whom? \_\_\_\_\_

Copies to: White to Principals files, pink for accident insurance, and yellow to Superintendent