

Injury/Incident Report

PLEASE PRINT CLEARLY.

SUBMIT COMPLETED REPORT TO DEBI BORGELT, BUSINESS MANAGER.

DATE _____ TIME _____ AM / PM

NAME OF INJURED / ILL PERSON _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ HOME PHONE _____

AGE _____ **IF UNDER 18, WERE PARENTS PRESENT / NOTIFIED?** _____

NATURE OF INJURY/ILLNESS _____

WHERE DID THIS OCCUR? _____

HOW DID THIS OCCUR? _____

WAS MEDICAL ATTENTION REQUIRED? _____ WAS AMBULANCE CALLED? _____

WHO PROVIDED CARE HERE? _____

WAS INJURED PERSON TRANSPORTED? _____ BY AMBULANCE _____

PRIVATE CAR _____

TO WHERE? _____

WHO PREPARED THIS REPORT (**PRINT** NAME)? _____

WHO PREPARED THIS REPORT (**SIGN** NAME)? _____ DATE/TIME _____

PREPARER'S HOME PHONE (IF NOT ST. FRANCIS OF ASSISI EMPLOYEE) _____

FR. JUAN ANZORA NOTIFIED _____ **DEBI BORGELT NOTIFIED** _____

USE BACK IF ADDITIONAL SPACE NEEDED.

CHECK HERE IF BACK USED

OFFICE USE ONLY

REVIEWED BY _____ DATE _____

INSURANCE COMPANY NOTIFIED (YES/NO) _____

OTHER REMARKS _____
