

ARCHDIOCESE OF LOS ANGELES

**MINOR INJURY / INCIDENT REPORT FORM
(FOR STUDENTS, RELIGIOUS EDUCATION AND YOUTH PROGRAM
PARTICIPANTS)**

DO NOT USE THIS FORM FOR PERSONNEL OR FOR SERIOUS ACCIDENTS OR INJURIES
USE THE INJURY/ACCIDENT (NON-AUTOMOBILE) REPORT FORM FOR SERIOUS ACCIDENTS OR INJURIES.

STUDENT INFORMATION DATE: ___ / ___ / ___

NAME: _____ AGE: _____ GRADE: _____

MALE FEMALE DATE OF BIRTH: ___ / ___ / ___ SS#: ___ - ___ - ___

INJURY REPORT

DATE OF INJURY: ___ / ___ / ___ TIME OF INJURY: ___ : ___ AM PM

Injury Occurred At: practice game p.e. classroom travel
(CIRCLE ONE)

RELIGIOUS EDUCATION INTERSCHOLASTIC SPORT FIELD TRIP OTHER

DESCRIBE THE INJURY / WHAT PART OF THE BODY WAS INJURED: _____

DESCRIBE HOW THE INJURY OCCURRED (please be specific in the description of the injury. include all details on how the injury occurred):

ACTION TAKEN:



Parent / Guardian Notified: Yes No

Name of Coach / Supervisor / Moderator: _____

NAME OF STAFF MEMBER MAKING REPORT: _____

SIGNATURE OF STAFF MEMBER MAKING REPORT: _____

Insurance Form Issued: Yes No

School Official Signature: _____

