

St. Mary's High School
142 Laverack Avenue
Lancaster, NY 14086
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ACCIDENT AND INJURY REPORT

Name _____ Age _____ Date of Injury _____

Address _____ Phone _____

Place of Accident: _____

- Athletic Ctr./Gym Auditorium Field
 Hallway Classroom Parking Lot

Time: _____ am/pm Sport/Activity: _____

Activity Taking Place:
 Game Practice School Day Phys Ed

Body Part Injured: _____

How Accident Occurred- Student/Employee/Visitor states, " _____

_____ " _____"

Emergency Care: None Ice
 Pressure Applied Elevated
 Ambulance Called Came out of Game/Practice

Other _____

Taken to _____ with _____

Parents notified _____ By whom _____

Family Physician notified _____ By whom _____

Witness _____ Phone _____

Follow up _____

Report submitted by _____ on _____