

# Injury/Incident Report

Please Print Clearly

Submit Completed Report to St. Frances Cabrini Business Manager  
AS SOON AS POSSIBLE

Date: \_\_\_\_\_

Time: \_\_\_\_\_ AM/PM

**NAME** of INJURED/ILL PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

AGE \_\_\_\_\_ **IF UNDER 18**, WERE PARENT PRESENT/NOTIFIED \_\_\_\_\_

**NATURE** OF INJURY/ILLNESS \_\_\_\_\_

**WHERE** DID INJURY OCCUR \_\_\_\_\_

**HOW** DID THIS OCCUR \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was medical attention required? \_\_\_\_\_

Was Ambulance Called \_\_\_\_\_

Who Provided Care here? \_\_\_\_\_

Was the injured person transported? By Ambulance \_\_\_\_\_ /Private Car \_\_\_\_\_

Where was the injured person taken? Hospital \_\_\_\_\_ Home \_\_\_\_\_

Who prepared this report (Print Name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notified Pastor \_\_\_\_\_

Notified Business Manager \_\_\_\_\_

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## FOR OFFICE USE

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Notification to Gallagher Insurance \_\_\_\_\_

Notes: