

# Bishop Moore Catholic

HIGH SCHOOL 3901 EDGEWATER DRIVE · ORLANDO, FL 32804 · 407-293-7561



## ACCIDENT REPORT

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ D.O.B. \_\_\_\_\_

SPORT/ACTIVITY \_\_\_\_\_ COACH \_\_\_\_\_

DATE OF ACCIDENT \_\_\_\_\_ TIME OF ACCIDENT \_\_\_\_\_

LOCATION OF ACCIDENT \_\_\_\_\_

PARENT/GUARDIAN CONTACT INFO: CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

DETAILED DESCRIPTION OF ACCIDENT \_\_\_\_\_

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POST-ACCIDENT PROCEDURES \_\_\_\_\_

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PARENT NOTIFIED  YES  NO      ADMINISTRATION NOTIFIED  YES  NO      PARAMEDICS CALLED  YES  NO

DID ACCIDENT OCCUR DURING BMC SANCTIONED/SUPERVISED SCHOOL ACTIVITY  YES  NO IF

YES, ACTIVITY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

SIGNATURE OF PERSON COMPLETING FORM \_\_\_\_\_ DATE \_\_\_\_\_

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