

St. Louis King of France Catholic Church

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ACCIDENT/INCIDENT/INJURY FORM

Child's Name: _____ Age: _____ Date: _____

Time of Accident/Incident/Injury: _____

Location Where Accident/Incident/Injury Happened: _____

Description of How Accident/Incident/Injury Occurred: _____

Parts of the Body Involved: _____

Treatment Given/Action Taken: _____

Treatment Given/Action Taken by Whom: _____

Name of Parent/Guardian Notified: _____

Time Parent/Guardian Notified: _____

Signature of Person Notifying the Parent/Guardian: _____

Corrective Action needed to Prevent Reoccurrence: _____

Signature of Staff: _____ Date: _____

Signature of Parent/Guardian: _____

Date/Time of Signature of Parent/Guardian: _____