

Our Lady of Mercy College – Accident/Incident Report

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Our Lady of
Mercy College

Name of School:	Policy No:
Address:	Client No:
Suburb:	Telephone:
Contact Person:	Facsimile:
	Email:

Details of Injured Person

Name:	Student:	Parent:	Visitor:
Address:	Male:	Female:	
Date of Birth:	Age (in years):		
Year Level (if applicable):			

Details of Incident/Occurrence

Date of Incident:	Time of Incident:
Type of Activity:	Accident Description:
Brief Details:	
Accident Site:	Parent Notified (Date):
Name of Teacher(s) on Duty:	
Names of Witnesses:	Name of First Aider:
Sent to School Nurse: Yes: No:	Time:

Details of Injury

Nature of Injury:	Location of Injury:
Severity of Injury:	
Treated by Dr:	Hospital:

Has Student/Parent/Visitor made a claim?

Yes:	No:	When?:
Details of Claim:		

Signed: _____ Date: _____