



ARCHDIOCESE OF BALTIMORE
DEPARTMENT OF MANAGEMENT SERVICES
OFFICE OF RISK MANAGEMENT

REPORT OF STUDENT INJURY

NAME OF CHILD: _____ GRADE: _____ GENDER _____
NAME OF PARENT GUARDIAN: _____
ADDRESS _____
CITY: _____
STATE: _____
ZIP: _____
TELEPHONE: _____
PARENT/GUARDIAN EMAIL: _____

DAY/DATE OF
ACCIDENT _____

CIRCUMSTANCES

FOLLOW-UP CARE:

NAME OF SCHOOL _____
SUBMITTED BY: _____
DATE: _____
E-MAIL ADDRESS: _____
PHONE NUMBER: _____

Submit to: Cathy O'Brien, Risk Management
Associate Fax: 410-547-3153
E-mail cathy.obrien@archbalt.org

1. Please refer to Student Injury Reporting and Submission Guidelines for information on completion of this form.