



**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: \_\_\_\_\_

PARENT/GUARDIAN PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DAY/DATE OF ACCIDENT: \_\_\_\_\_

CIRCUMSTANCES:

FOLLOW-UP CARE:

NAME OF SCHOOL \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**SUBMIT FORM TO:**

Cathy O'Brien, Risk Management

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