



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

Fax: 410-547-3153 | Email: Cathy.obrien@archbalt.org