

RCCDC Parent/Visitor Accident Procedure

Steps to follow in the event of an injury to a parent and/or visitor (non-employee/non-student):

1. Follow RCCDC Emergency Procedures
2. Have the injured party complete the Parent/Visitor Incident Form (Keep the original; however, feel free to provide a copy to the injured person.)
3. Inform Parent/Visitor they can "Submit" medical payments to (This in no way guarantees the insurance carrier will cover medical treatments/costs):
RCCDC
Attention: Philip Morris
22476 Highway 190
Robert, LA 70455
4. Contact Grantee Office (Estee Hawkins, Phil Morris, Susan Spring or Program Coordinator)
5. Fax a copy of the Parent/Visitor Incident Form to the Grantee office (Attention Estee Hawkins, Phil Morris, Susan Spring or Program Coordinator)

Grantee Contacts:

Estee Hawkins
Safety Coordinator
985-318-8800 x 252
985-318-8804 (FAX)
ehawkins@rccdc.org

Susan Spring
Executive Director
985-318-8800

Phil Morris
Financial Controller
985-318-8800

Ola McGee
Program Coordinator
985-318-8800

Kim Harrell
Program Coordinator
985-318-8800

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RCCDC Parent / Visitor Incident Form

DATE of Report: _____ **CENTER:** _____

Injured Person's Name: _____

Contact Number: _____

Address: _____
Street
City
State
Zip

Date of Injury/Illness: _____ **Time of Injury:** _____

What parts of your body were injured? _____

<input checked="" type="checkbox"/>	TYPE OF ILLNESS / INJURY
	BRUISE / SWELLING
	RED MARK, BUT SKIN NOT BROKEN
	SCRAPE / CUT / PUNCTURE
	BURN
	LOSS OF CONSCIOUSNESS
	OTHER:

<input checked="" type="checkbox"/>	PART(S) OF BODY / LOCATION OF INJURY
	NONE
	HEAD:
	FACE:
	NOSE:
	TOOTH / TEETH
	EAR (LEFT ___ RIGHT ___)
	MOUTH
	CHEST AREA:
	ARM (LEFT ___ RIGHT ___)
	WRIST (LEFT ___ RIGHT ___)
	FINGERS:
	LEG (LEFT ___ RIGHT ___)
	ANKLE (LEFT ___ RIGHT ___)
	TOES:
	BACK:
	OTHER:

Where did the accident occur? _____

<input checked="" type="checkbox"/>	LOCATION DETAILS
	CLASSROOM # _____
	BUS # _____
	BATHROOM LOCATION:
	HALLWAY / DOORWAY
	OFFICE OF:
	OUTDOOR LEARNING
	OTHER:

Describe in detail the events of the accident, including all things leading up to and following the incident (continue on back if necessary): _____

Corrective action(s) needed to prevent reoccurrence: _____

Names & contact information of witnesses (if any): _____

Parent / Visitor's Signature: _____ **DATE:** _____

RCCDC Person In Charge Signature: _____ **DATE:** _____

NOTIFICATION PROVIDED TO: _____ **DATE/TIME:** _____