Diocese of Syracuse
Risk Management . . . "Cares"

GUIDELINES FOR STUDENT ACCIDENT INSURANCE

- When a student is injured, always complete the **Roman Catholic Diocese of Syracuse Catholic Schools Bodily Injury Report.** Please see the attached example.
- Send the original **Catholic Schools Bodily Injury Report** to the Risk Management Office, 240 East Onondaga Street, Syracuse, NY 13202; keep a copy for your records.
- Our insurance carrier for Student Accidents is **WellFleet Special Risk Insurance Company**, please refer to the claims processing and administrative Guide.
- **The parent(s) personal Health Insurance is primary,** WellFleet Special Risk Insurance Company **processes the unpaid portion. THERE IS A $500 PARENT DEDUCTIBLE WITH WELLFLEET SPECIAL RISK. The parent will be responsible for the first $500 of medical bills.**
- If a parent inquires about insurance coverage, the WellFleet Special Risk Insurance Company claim form should be given to the coach/school to complete **Part A** of the WellFleet Special Risk Insurance Company Student Accident Insurance form. The parent/guardian completes **Part B** (second part) of the form. They should send the form to WellFleet, P.O. Box 15369, Springfield, MA 01115-5369.
- The parent/guardian is responsible to send the completed claim form to WellFleet Special Risk Insurance Company and file the claim. (***Note*** – **there is a different form for a CYO accident; please use the correct form for an accident involving a CYO player**).
- WellFleet Special Risk Insurance Company is the Excess Insurance, so the primary insurance would be the parents/guardian's personal health insurance plan and WellFleet Special Risk insurance is secondary to the personal Health Insurance of the parent or guardian. In the event that the parent or guardian does not have health care coverage, the WellFleet Special Risk Insurance Company Insurance becomes primary.
- If the parents/guardians have questions on coverage, refer them to WellFleet Special Risk Insurance Company, 877-657-5039.

Please report any accident of a serious nature to the Department of Risk Management within 24 hours at 315-470-1494.

Name of School:	R.C. DIOCESE OF SYRACUSE CATHOLIC SCHOOLS Accident Report Involving Bodily Injury
City/Town:	

Mail Original to: Risk Management Office 315-470-1494
240 East Onondaga Street
Syracuse, NY 13202

DATA

Name:	Sex: ☐M ☐F	Home Phone No: ( ) -	Date of Birth / /	Grade:
Street Address	City		State	Zip
If Minor or Student, give the Parent/Guardian's Name:	STUDENT ☐ VOLUNTEER ☐ VISITOR ☐ DAY CARE ☐ OTHER _____			
Address, if different: Street	City/State	Zip	Phone Number:	

ACCIDENT DATA

Accident Date: / / Time Accident Occurred: _____ ☐ A.M. ☐ P.M.

Place of Accident: School Building ☐ School Grounds ☐ To/From School ☐ Home ☐ Other ☐

Specify Exact Location

Athletic field	_____	**Locker**	_____
Auditorium	_____	**Pool**	_____
Cafeteria	_____	**Sch. Grounds**	_____
Classroom	_____	**Showers**	_____
Corridor	_____	**Stairs**	_____
Dressing room	_____	**Toilets and Washrooms**	_____
Gymnasium	_____	**Other(specify)**	_____
Home Econ.	_____		
Laboratories	_____		

Remarks
What recommendations do you have for preventing other accidents of this type?

Description of Accident (How did accident happen? What was the person doing? Etc. BE detailed.)

Name of Person Accident Reported to:	Phone No: ( ) -	Title	Date Reported / /

WITNESSES

Name of Witnesses	Street City/State Zip	Phone Number
1.		( ) -
2.		( ) -

Person in Charge when Accident Occurred (Enter Name): _____

Present at Scene of Accident: ☐ Yes ☐ No

Was a Parent or Other Individual Notified? ☐ Yes ☐ No When: _____ How: _____

Name of Individual Notified: _____ Phone Number: _____

By Whom? (Enter Name): _____ Title: _____

COMPLETE BACK

INJURY

NATURE OF INJURY

- ☐ Abrasion
- ☐ Amputation
- ☐ Asphyxiation
- ☐ Bite
- ☐ Bruise
- ☐ Burn
- ☐ Concussion
- ☐ Cut
- ☐ Dislocation _____
- ☐ Other (specify): _____
- ☐ Fracture
- ☐ Laceration
- ☐ Poisoning
- ☐ Puncture
- ☐ Scalds
- ☐ Scratches
- ☐ Shock (el.)
- ☐ Sprain

PART OF BODY INJURED

(Be specific – right, left, upper, lower, etc)

- ☐ Abdomen _____
- ☐ Ankle _____
- ☐ Arm _____
- ☐ Back _____
- ☐ Chest _____
- ☐ Ear _____
- ☐ Elbow _____
- ☐ Eye _____
- ☐ Face _____
- ☐ Finger _____
- ☐ Other (specify): _____
- ☐ Foot _____
- ☐ Hand _____
- ☐ Head _____
- ☐ Knee _____
- ☐ Leg _____
- ☐ Mouth _____
- ☐ Nose _____
- ☐ Scalp _____
- ☐ Tooth _____
- ☐ Wrist _____

Medical Treatment Rendered? ☐ Yes ☐ No

Description of First Aid Rendered:

By Whom:	Position:	Phone No: ( ) -
Disposal of Case (home, hospital, other):	Method of Transportation:	
Attending Physician, if known:		
Did injured person return to School/Event? ☐ Yes ☐ No	Was the Student Accident Insurance Carrier Notified? ☐ Yes ☐ No	

PERSONNEL

Report Completed by:	Reviewed by:
Title:	Principal and/or Designee:
Date:	
Date Reported to Supervisor: / /	Did You Lose Any Wages? ☐ Yes ☐ No
Employee's Signature	Date / /

Supplemental Reports Attached (diagrams, police reports, statements, etc.) ☐ Yes ☐ No

ADDITIONAL REMARKS

ALL SECTIONS MUST BE COMPLETED AND ORIGINAL MAILED (WITHIN 24 HOURS) TO:

R.C. DIOCESE OF SYRACUSE, RISK MANAGEMENT
240 E. ONONDAGA STREET, SYRACUSE, NY 13202
(315) 470-1495