

**DIOCESE OF DAVENPORT
BOARD OF EDUCATION**

POLICY 551.1

STUDENT PERSONNEL

Accident/Injury Report

The parish/institution should make a report that contains the following information:

1. Name of injured party (ies), address and phone number;
2. Names, addresses and phone numbers of witnesses, if there were any;
3. Description of the Accident/Injury in as much detail as possible including what injured was doing, the chain of events, who was involved, where accident happened, date and time of accident, etc;
4. Names and phone number of local person(s) who conducted the investigation;
5. Signature and date of Program Administrator.

OR

Complete Accident Report for Injuries form.

**DIOCESE OF DAVENPORT
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Regulation 551.1

Accident Report for Injuries

Complete this report for all accidents/injuries. This report is for information only. All claims should be reported immediately. Please read each question carefully, and answer **all** questions as completely as you can. **Please do not leave any blanks**, unless the question does not apply.

Place and Location: _____ **Date:** _____

Name of Person Injured: _____ **Time of Accident:** _____

Address: _____ **Phone:** _____

M or F Age: _____ **What was happening at the time of accident?** _____

Apparent Cause: _____

Nature of Injury: _____

First Aid Treatment Administered: _____

Name of Person Administering Aid: _____

Taken to the Hospital? Y or N By: _____

Parents' Name (if Minor): _____

Parents Were Notified at (Time): _____

Parents not Notified (Give Reason): _____

Persons Who Witnessed the Accident: _____

NAME	ADDRESS	PHONE

Person Making Report: _____ **Title:** _____

Signature: _____

Additional information may be given on reverse side of this form. Additional sheets may be used.