

**DIOCESE OF DAVENPORT
BOARD OF EDUCATION**

REGULATION 551.1

STUDENT PERSONNEL

Accident/Injury Report

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

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.

Name of School/Daycare/Parish: _____ Date: _____

Address of School/Daycare/Parish: _____

Name of Person Injured: _____ Time of Accident: _____

Address of injured: _____ Injured Phone: _____

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

Location of the Accident: _____ (ex: playground, parking lot, etc)

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): _____ Time Parents Were Notified: _____

Parents not Notified (Give Reason): _____

Persons Who Witnessed the Accident:

NAME	ADDRESS	PHONE

School/Daycare/Parish Person Making Report: _____ Title: _____

Phone number: _____ Email: _____

Signature: _____

Inform Insurance Company

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