

**DIOCESE OF DAVENPORT
BOARD OF EDUCATION**

SERIES 500: STUDENT PERSONNEL

FORM 551.1

ACCIDENT/INJURY REPORT (NOT TO REPLACE [ONLINE INSURANCE REPORTING](#))

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 /Child Care: _____ Date: _____

Address of School/Child Care: _____

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: Yes No Name of Person Administering _____

Taken to the Hospital? Yes No By: _____

Parents' Name (if Minor): _____ Time Parents Were Notified: _____

Parents not Notified (Give Reason): _____

Persons Who Witnessed the Accident:

Name	Address	Phone

Name	Address	Phone

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.

Regulation Adopted: July 16, 2001
Regulation Revised: June 5, 2002
Regulation Revised: May 17, 2010
Regulation Reviewed: December 2015
Regulation Reviewed: February 28, 2019
Regulation Promulgated: July 29, 2019
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