

School Board Complementary Insurance Accident Report (Students)

Information on the Insured

Name of Insured	Centre de services scolaire du Littoral				
Full address	789, Beaulieu Street, Sept-Îles, QC G4R 1P8				
Telephone	418-962-5558	Fax	418-968-2942		
Person to contact	Ms. Marie-Pier Rioux	Email address	srf@csdulittoral.qc.ca		
Policy number	PBL00280-Linx/Lloyd's	Expiry date	July 01, 2022		

Information on the Person Injured

Name of person injured	Age		
Date of birth	Grade		
Full address			
Name of father	Telephone (day)		
Name of mother	Telephone (day)		

Information on the accident

Date of the accident	Time				
Place (street, city)					
School name					
Name of monitor in					
function					
Description of the accident and injuries					
Witness	Telephone				



Information on action taken							
Extent of first aids							
Performed by							
Parent notified	yes	no	Ву:				
Sent home	yes	no	Ву:				
Taken to hospital	yes	no	Ву:				
Other information	or comm	nents					
Signature o	f the Person wh	ofilled out this report			Date		
Signature o	of the School Ma	anagement signature			Date		