



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		Fax	
Person to contact		Email address	
Policy number		Expiry date	

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	<input type="checkbox"/> yes	<input type="checkbox"/> no	By : _____
Sent home	<input type="checkbox"/> yes	<input type="checkbox"/> no	By : _____
Taken to hospital	<input type="checkbox"/> yes	<input type="checkbox"/> no	By : _____

Other information or comments

Signature of the Person who filled out this report

Date

Signature of the School Management signature

Date