

# EXTENDED DAY PROGRAM

## Accident Checklist



### To be completed by EDP Site Director:

Child's Name: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

1. A Student Incident Report was completed and sent to Risk Management, the Administrative Director, and filed at the school.
2. The top portion of the Claim Form was completed and given to the parent along with the Parent Insurance Letter.

\_\_\_\_\_

Site Director's Signature

\_\_\_\_\_

Date

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### To be completed by parent/guardian:

I have received an insurance claim form and a parent insurance letter.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date