Appendix AAA

NOTICE TO PARENTS OF PUPILS CONCERNED ABOUT A SCHOOL ACCIDENT OR AN ACCIDENT ON THE WAY TO SCHOOL

Dear Parents,

Your child has been involved in an accident during a school activity or on the direct route between home and school. The school will prepare and submit an accident report to the Accident Insurance Association (AAA) as soon as possible. In this context, we invite you to:

1) declare that it is a school accident when you go to the emergency room or when your child is seen by a doctor and, unless otherwise indicated, not to pay any medical expenses in advance.
2) fill in all the personal details requested (national registration number for your child and yourself) in the form below;
3) fill in the details of the doctor consulted (name, doctor's code) as well as a description and location of the injuries observed in the form below;
4) Submit this form, duly completed, to the infirmary of the relevant cycle (nursery, primary, secondary) within three days of the accident.
5) Send the medical certificates to justify your child's absence, in accordance with the internal procedure of the relevant school level, either to the nursery/primary school office or to the secondary school counsellors.
6) Keep invoices and other medical documents relating to your child so that they can be sent to the relevant departments when required; **do not send them to the school**. N.B.: Doctors and clinics must claim payment for their services directly from the AAA. With regard to expenses incurred at pharmacies, you must contact the National Health Fund (CNS) after receiving the AAA file number. (The school will not have this file number, which is only communicated to the pupil's parents directly by the AAA).

All decisions and information concerning the follow-up and coverage of expenses are the responsibility of the AAA. The school therefore has no authority in this matter.

In practice, the AAA will contact the legal representatives to provide them with the file number. For more information on the application of its reimbursement policy, please visit: **https://aaa.public.lu/fr/accidents-maladie-pro/accidents-scolaire-periscolaire.html.** However, please note that certain services resulting from the school accident must be authorised **in advance** by the AAA. If the costs are likely to exceed the expected rates, it is strongly recommended that you submit a preliminary estimate to the AAA.

Thank you in advance for your understanding and cooperation. Please do not hesitate to contact us if you require any further information.
Management

GDPR: please note that the information requested on this form is mandatory. It will be processed for the purpose of completing an accident report for your child. The recipients of the data are: the European School of Luxembourg I and the Accident Insurance Association (AAA) of Luxembourg. For further information, please send your request by email to our Data Protection Officer at: LUX-DPO-CORRESPONDENT@eursc.eu

Pupil Surname: First name:	Pupil's registration number ☐☐☐☐☐☐☐☐☐☐☐☐☐
Address:	
Year group:	Class:
Legal guardian Surname: First name:	Registration number of legal representative ☐☐☐☐☐☐☐☐☐☐☐☐☐
Address:	
Date of accident: ____/____/20_____	Time of accident: ☐☐ : ☐☐

Detailed description of the accident, specifying **the victim's activity** at the time of the accident, **the objects involved** (e.g. tools, machines, sports or games equipment, materials, objects, instruments, substances, etc.) and **any events** that deviated from the normal course of the activity and led to the accident.

In the event of a commuting accident, please indicate the exact location (address of the accident site).

If applicable, please indicate the public authority (e.g. police, ITM) that was notified/was on site following the accident:

Were there any eyewitnesses? ☐ Yes (name, address) ☐No

Name and address of the first person notified:

In the event of injury, please indicate the **nature** of the injury(ies)

- ☐ Superficial wounds and injuries
- ☐ Bone fractures
- ☐ Dislocations, sprains and strains
- ☐ Concussions and internal trauma
- ☐ Burns and frostbite
- ☐ Effects of noise, vibrations and pressure
- ☐ Effects of extreme temperatures, light or radiation
- ☐ Shock (emotional/psychological)
- ☐ Other injury(ies), please specify: ……

Please indicate **the location** of the injury/injuries

- ☐ Head — Eye(s) ☐ left ☐ right
- ☐ Neck — Shoulder(s) ☐ left ☐ right
- ☐ Back — Arm(s), including elbow(s) ☐ left ☐ right
- ☐ Chest — Left hand(s) ☐ Right hand(s) ☐
- ☐ Abdomen, pelvis — Leg(s), including knee(s) ☐ left ☐ right
- Foot(s) ☐ left ☐ right
- ☐ Other injury(ies), please specify: ……

Name and address of the first doctor consulted:

Dr. _____

Date of consultation:____/____/20_____ Doctor code (if known): ☐☐☐☐☐☐ - ☐☐

Name of hospital visited

Consequences of the injuries

- ☐ Death of the insured
- ☐ The insured person did not stop attending the establishment or participating in the activity
- ☐ The insured person stopped attending the establishment or activity on:

_____/_____/20_____

☐☐ : ☐☐

The insured person

- ☐ resumed attending the establishment or activity on: ____/____/20_____
- ☐ has not (re)commenced attending the establishment or activity