

MANITOBA SCHOOLS INSURANCE
NON STUDENT ACCIDENT INCIDENT REPORT

SCHOOL BOARD: **FRONTIER SCHOOL DIVISION**

SCHOOL: _____ TELEPHONE #: _____

NAME OF INJURED PERSON: _____ DATE (D/M/Y) OF BIRTH : _____

ADDRESS:

TELEPHONE #: _____ DATE (D/M/Y) OF ACCIDENT: _____

TIME OF ACCIDENT: _____ AM PM

WHERE DID ACCIDENT OCCUR:

INJURY CLASSIFICATION: **"MINOR"** – SUCH AS SCRATCH, BRUISE, SCRAPE, MINOR CUT, MINOR SPRAIN

"MODERATE" – SUCH AS SERIOUS CUT, MORE SEVERE SPRAIN, BROKEN FINGER

"SEVERE" – SUCH AS INJURY TO EYE, HEAD, FACE, BACK, BROKEN ARM/LEG

EXACT NATURE AND TYPE OF INJURY: _____

WAS INJURY TREATED: YES NO NOT KNOWN IF YES, BY WHOM?: _____

IF YES, TYPE OF TREATMENT: _____

NAME OF WITNESS(ES): _____

ANY ADDITIONAL COMMENTS: _____

DATE: _____ SUBMITTED BY: _____

_____ SIGNATURE OF PRINCIPAL:

(April 2004)

NAME OF PRINCIPAL (IN FULL): _____

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE USED SOLELY FOR THE PURPOSE OF CLAIM INVESTIGATION