

**MANITOBA SCHOOLS INSURANCE  
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:  INDUSTRIAL ARTS CLASS;  HOME ECONOMICS CLASS;  CLASSROOM;

LABORATORY;  SCHOOL PLAYGROUND;  FIELD TRIP;  BUS;  PHYSICAL EDUCATION-OUTSIDE;

PHYSICAL EDUCATION-INSIDE;  OTHER. IF OTHER (SPECIFY): \_\_\_\_\_

DESCRIBE IN DETAIL HOW ACCIDENT OCCURRED: \_\_\_\_\_

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: \_\_\_\_\_

WAS A TEACHER/SUPERVISOR PRESENT OR PROVIDING SUPERVISION: YES  NO  NOT KNOWN

IF YES, NAME OF TEACHER/SUPERVISOR: \_\_\_\_\_

NAME OF WITNESS(ES): \_\_\_\_\_

WAS PUPIL  SENT HOME  TAKEN TO HOSPITAL/DOCTOR

NUMBER OF SCHOOL DAYS MISSED (IF KNOWN): \_\_\_\_\_

WAS PARENT NOTIFIED: YES  NO  IF YES, BY WHOM?: \_\_\_\_\_

HAS THERE BEEN ANY SUBSEQUENT CONTACT WITH THE PARENT(S): YES  NO

IS STUDENT COVERED BY STUDENT ACCIDENT PROTECTION PLAN: YES  NO  NOT KNOWN

ANY ADDITIONAL COMMENTS: \_\_\_\_\_

DATE: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

SIGNATURE OF PRINCIPAL: \_\_\_\_\_

NAME OF PRINCIPAL (IN FULL): \_\_\_\_\_

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