

**MANITOBA SCHOOLS INSURANCE
STUDENT ACCIDENT INCIDENT REPORT**

INSTRUCTIONS FOR USE:

REPORTS SHOULD BE SUBMITTED ELECTRONICALLY TO www.schoolincidentreporting.com. A USER NAME AND PASSWORD IS REQUIRED, WHICH CAN BE OBTAINED FROM YOUR BOARD OFFICE OR WESTERN FINANCIAL GROUP INSURANCE SOLUTIONS (LINDA BAKER AT 942-2555 /1-800-265-0314 ext. 7220 or linda.baker@westernfgis.ca).

IF YOU ARE UNABLE TO SUBMIT THE FORM ELECTRONICALLY, PLEASE COMPLETE THIS FORM AND SEND TO WESTERN FINANCIAL GROUP INSURANCE SOLUTIONS, ATTENTION MRS. LINDA BAKER, AT 777 PORTAGE AVENUE, WINNIPEG, MANITOBA R3G 0N3.

"SEVERE" INJURY CASES SHOULD ALSO BE REPORTED IMMEDIATELY BY TELEPHONE TO THE APPOINTED MSI PROGRAM LIABILITY ADJUSTER: MR. KEN JAMES, JAMES DUBÉ SPRAGGS ADJUSTERS LTD. AT 985-1204 OR MRS. LINDA BAKER, WESTERN FINANCIAL GROUP INSURANCE SOLUTIONS AT 942-2555 /1-800-265-0314 ext. 7220.

SCHOOL BOARD: _____

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