STUDENT ACCIDENT INCIDENT REPORT

REPORTS SHOULD BE SUBMITTED ELECTRONICALLY TO Hub International.

(https://www.hubinternational.com/programs-and-associations/manitoba-school-boards-association/)

SCHOOL BOARD: _____LSSD TELEPHONE #: _____ SCHOOL: Name of Injured Person: ______ Date of Birth: (m-d-y) _____ Address: ______ Province:_____ Code: _____ Phone # Date of Accident: (m-d-y) ______ Time of Accident: _____ AM PM Where did the 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): Injury Classification: "MINOR" – Scratch, Bruise, Scrape, Minor Cut, Minor Sprain, etc. **"MODERATE"** – Serious Cut, More Severe Sprain, Broken Finger, etc. "SEVERE" - Injury to Eye, Face, Back, Broken Arm/Leg, etc. Nature of Injury: Cut; Break; Crush; Poke; Burn; Hit; Fall; Concussion; Amputation; Other: ______ Type of Injury (body part): Arm; Leg; Head/Face; Chest; Hip; Upper Back; Lower Back; Hand; Foot; Finger; Toe; Other: Where on the body: Left; Right; Not Applicable Any additional Comments: Was the injury treated: Yes; No; Unknown; Other: ______ If treated, by whom? _____ If treated, type of treatment: Was a teacher/supervisor present or providing supervision? Yes; No; Not Known. Name of teacher/supervisor if present: _____ Pupil was: Sent Home; Taken to hospital/doctor. Number of School Days missed (if known) Was parent notified? Yes; By whom? _____ No Has there been any subsequent contact with the parents? Yes; No If SEVERE, has it been reported to Workplace Safety and Health? Yes; No Additional comments: Name of School Principal or Supervisor (in full) Submitted by: ______ Date of Submission (m-d-y): _____ @lssd.ca Email Address of submitter: