

**MANITOBA SCHOOLS INSURANCE  
STUDENT ACCIDENT INCIDENT REPORT**

INSTRUCTIONS FOR USE:

**REPORTS SHOULD BE SUBMITTED ELECTRONICALLY TO [www.schoolincidentreporting.com](http://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](mailto: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**