

FORT LA BOSSE SCHOOL DIVISION

TITLE - **ACCIDENT REPORTS**

POLICY - **EBBB-E**

Cross Reference -

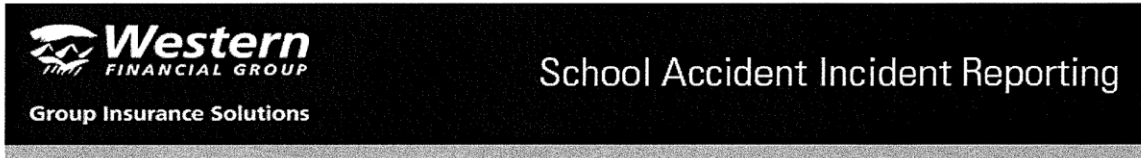
Resolution # - 27/18

Legal Reference -

Last Reviewed - 12/02/18

2/7/2018

Student Accident Report



Manitoba Schools - Accident Incident Report Online Form

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Student Accident Incident Report

Please note, this form must be submitted within 60 minutes. If the form is not submitted within this time period, the browser session will end and be automatically logged out. Any data that was entered and not submitted will not be saved.

Fields marked with a * are required.

School Board:	Fort La Bosse
School*:	--Select School ▼
Telephone #* (inc. area code):	
First name of injured person*:	
Last name of injured person*:	
Date of birth:	Day ▼ Month ▼ Year ▼
Address*:	
City/Town:	
Telephone # (inc. area code):	
Date of accident*:	Day ▼ Month ▼ Year ▼
Time of accident:	Hour ▼ Minute ▼ am/pm ▼
Where did the accident occur*:	Select One ▼
Describe in detail how accident occurred*:	

Guidelines on classification of accident/injuries (Check One)

- "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.

Exact nature and type of injury*:

[Empty text box for injury description]

Was injury treated:

Yes No Not Known Other

If treated, by whom?:

[Empty text box for treatment provider]

If treated, type of treatment:

[Empty text box for treatment type]

If other, please explain:

[Empty text box for explanation]

Was a teacher/supervisor present or providing supervision:

Yes No Not Known

If yes, name of teacher/supervisor:

[Empty text box for supervisor name]

Name of witness(es):

[Empty text box for witness name]

Pupil Was:

Sent Home
 Taken to hospital/doctor

Number of school days missed (if known):

[Empty text box for school days missed]

Was parent notified:

Yes No

If yes, by whom?:

[Empty text box for notification provider]

Has there been any subsequent contact with the parents:

Yes No

Any additional comments:

[Empty text box for additional comments]

Name of principal(in full)*:

[Empty text box for principal name]

Submitted by*:

[Empty text box for submitter name]

Email:

[Empty text box for email address]

Date Submitted:

Feb 07, 2018

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

