

Injured Person Phone Number *

Area Code Phone Number

Date of accident *

Month Day Year

Where did the accident occur? *

Time of Accident *

Hour Minutes

Details from hospital, dental, x-ray information, etc.

Describe in detail how the accident occurred *

Guidelines on classification of accident/injuries *

"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 *

Type of Injury (body part) *

Where on the body *

Cut

Arm

Left

Break

Leg

Right

Crush

Head/Face

Not Applicable

Poke

Chest

Burn

Hip

Hit

Upper Back

Fall

Lower Back

Concussion

Hand

Amputation

Foot

Finger

Toe

Any additional comments *

Details from hospital, dental, x-ray information, etc.

Was the injury treated? *

Yes

No

Unknown

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

Was parent notified: *

Yes

No

Number of school days missed (if known)

If yes, by whom? *

Has there been any subsequent contact with the parents? *

Yes

No

Additional comments:

Name/Signature of School Principal *

Submitted by: *

Date of Submission *

Month Day Year

Email Address of Submitter:

bpsd@bpsd.mb.ca