

School Boards

MSBA: Incident Report Form

School Divis	sion * Plains School Division
Location *	
Phone Numb	er *
Area Code Pho	one Number
Please select	t the type of incident to report:
Student Ac	cident Incident Report
Non-Stude	nt Accident Incident Report
Employee A	Accident Incident Rport
	Injured Person *
Date of Birth	of Injured Person *
Month Day	Year
Address *	
Street Address	
Street Address Lir	ne 2
City	State / Province
Postal / Zip Code	

Injured Person Phone Number *

Month Day Year

Where did the accident occur? *

Phone Number

Area Code

Time of Accident *

Date 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.

Nature of Injury * Type of Injury (body part) *

Cut Arm Break Leg

Crush Head/Face
Poke Chest

Burn Hip
Hit Upper Back
Fall Lower Back

Concussion Hand
Amputation Foot
Finger
Toe

Where on the body *

Left Right

Not Applicable

Any additional comments *

[&]quot;MODERATE" - Serious Cut, More Severe Sprain, Broken Finger, etc.

[&]quot;SEVERE" - Injury to Eye, Face, Back, Broken Arm/Leg, etc.

Was the injury treated? *	If treated, by whom? *
Yes	
No	
Unknown	If treated, type of treatment: *
Was a teacher/supervisor pre	esent 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	Number of school days missed (if known)
No	
If yes, by whom? *	
Has there been any subsequer	nt contact with the parents? *
Yes	
No	
Additional comments:	
Name/Signature of Scho	oi Principai *
Submitted by: *	
Date of Submission *	Email Address of Submitter: bpsd@bpsd.mb.ca

Month Day Year