

**MANITOBA SCHOOLS INSURANCE PROGRAM
ACCIDENT INCIDENT REPORT**

5 - A

INSTRUCTIONS FOR USE:

A COPY OF THIS FORM SHOULD BE COMPLETED AND SENT (WEEKLY) TO HAYHURST ELIAS DUDEK INC. IN RESPECT OF ALL ACCIDENT/INJURIES CONSIDERED MODERATE OR SEVERE. IF YOUR PRACTICE IS TO COMPLETE FORMS IN RESPECT OF "MINOR" INJURIES AS WELL, THEN SUCH FORMS SHOULD ALSO BE SENT.

SEND TO: MRS. LINDA BAKER
HAYHURST ELIAS DUDEK INC.
777 PORTAGE AVENUE
WINNIPEG, MANITOBA
R3G 0N3

"SERIOUS" CASES SHOULD ALSO BE REPORTED IMMEDIATELY BY TELEPHONE TO THE APPOINTED MSIP LIABILITY ADJUSTER: MR. KEN JAMES, JAMES DUBÉ SPRAGGS ADJUSTERS LTD. AT 985-1200 (IF MR. JAMES IS NOT AVAILABLE, MAY ALSO BE REPORTED TO MRS. LINDA BAKER, HAYHURST ELIAS DUDEK INC. AT 943-0331).

SCHOOL BOARD: _____

SCHOOL: _____ TELEPHONE #: _____

NAME OF INJURED PERSON: _____ DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE #: _____ DATE (D/M/Y) & TIME OF ACCIDENT: _____

WHERE DID ACCIDENT OCCUR: _____

WAS A TEACHER PRESENT OR PROVIDING SUPERVISION: YES NO

EXACT NATURE AND LOCATION OF INJURY: _____

GUIDELINES ON CLASSIFICATION OF ACCIDENTS/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, HEAD, FACE, BACK, BROKEN ARM/LEG, ETC.

WAS PUPIL: SENT HOME _____ TAKEN TO HOSPITAL/DOCTOR _____ # OF SCHOOL DAYS MISSED (IF KNOWN) _____

WAS INJURY TREATED: YES NO BY WHOM? _____

TYPE OF TREATMENT: _____

DESCRIBE IN DETAIL HOW ACCIDENT OCCURRED: _____

NAME OF TEACHER(S) PRESENT: _____

NAME OF WITNESS(ES): _____

WAS PARENT NOTIFIED: _____ BY WHOM: _____

HAS THERE BEEN ANY SUBSEQUENT CONTACT WITH THE PARENT(S): _____

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): _____