SCHOOL INCIDENT REPORT FORM
FOR INSURANCE PURPOSES

WHAT IS IT:
This incident report form is used to document information regarding accidents taking place at the school or during school events. It is not a claim form (either student accident, liability or property). It should not be given to the student / parent, staff member or visitor.

WHY IS IT NECESSARY:
The form is used for data collection, statistics and loss prevention. It also collects facts in the event of a lawsuit and acts as proof to the student accident insurer that the accident happened at school or at a school event.

WHEN SHOULD IT BE COMPLETED:
Whenever medical assistance is required by either a student, staff or visitors while on school premises or during school events.

WHO SHOULD COMPLETE THE FORM:
A member of staff (ideally one who witnessed the incident).

HOW TO COMPLETE THE FORM:
Obtain an electronic copy of the form from either your division office or Marsh Canada. Open the document as “Read Only”, amend as required, and then save to your electronic files.

These electronic reports can either be:
1. Printed, signed and submitted by mail / fax, or
2. Saved as a word document and e-mail. A signature is not required as the attaching email is used to verify that it came from one of your schools and on which date.

** Printed and/or Electronic Submissions are preferred. (Handwritten forms can be difficult to read, particularly when the form is faxed and re-faxed)

WHERE TO SEND:
The completed report should be submitted to:
• Marsh Canada at one of the addresses shown on the top of the form.
• The School Division office.
• The Principal.
• The cumulative file of the student.

NOTE: Although Marsh retains copies indefinitely, there are situations where they are not received and the concern is that something will come out of the woodwork years later with no record of it.

Marsh Canada will phone the school for an update when required.
PROCEDURES IN CASE OF SERIOUS INJURIES:
Report it immediately and implement the following protocols:

- As required, report incident to appropriate authorities (emergency services, etc.). If someone is injured or might be injured, administer first aid if necessary and call an ambulance.
- Obtain the injured party’s name, address and contact information. Secure same details from any witnesses. Record the name of any attending medical/emergency personnel and the name of any medical facility accessed.
- Do not admit liability or offer your opinion of liability to anyone. Do not offer any compensation to anyone.
- Complete the School Incident Report Form promptly and as completely as possible and forward to Marsh Canada along with any additional statements or photos collected.
- Secure any tools and/or equipment/reports which may have been involved in the accident.

STUDENT ACCIDENT CLAIM:
If it appears that parents might incur costs as a result of an injury:

- Provide the parents with a copy of the IAP standard claim form which may be downloaded from IAP’s website (www.iapkidsplus.com).
- Instruct the parents to return it, fully completed, to Industrial Alliance Pacific Life Insurance Company in Vancouver along with original copies of the invoices or receipts within 90 days of the accident. It is the parent’s responsibility to submit the claim to Industrial Alliance Pacific Life Insurance Company.
- The parents can either pay the bills and wait for reimbursement (i.e. ambulance / dental) or make arrangements with the insurance company to pay the supplier directly.
- If similar reimbursement benefits are payable through any other insurer or plan (Blue Cross / Employee Benefit Plans, etc.), the claim should be submitted to that alternate insurer first for payment and then to the student accident program with a copy of the settlement from the other insurer. The benefits will be coordinated by the insurers and will not exceed the actual loss.

NOTE: In the case of dental injury where expenses are not immediate, it is still important that a claim form be completed and filed since future dental work is not claimable unless a properly completed claim form was received by the insurance company at the time of the accident. A dentist must be consulted within 60 days of the accident.
# School Incident Report Form For Insurance Purposes

## GENERAL

**Name of School Division:**

**Name and Address of School:**

**Date of Incident M/D/Y:**

**Time:**  a.m. / p.m.  

**Telephone # ( ) -**

**Description of How Incident Occurred:**

## WITNESSES:

**Names:**

1. **Teacher/Instructor/Other:**
   - **Witness Activity at Time:**
   - **Teacher/Instructor/Other:**
   - **Witness Activity at Time:**

2. **Name:**
   - **Witnesses:**
   - **Name and Address of School:**
   - **Name of School Division:**
   - **Date:**

## LOCATION OF INCIDENT:

**Location of Incident:**

- L01  L02  L03  L04  L05  L06  L07  L08  L09  L10  L11

## PROPERTY INVOLVED:

**Property Involved (describe property involved and extent of loss and/or damage):**

**Nature of Injury/Damage:**

- N01  N02  N03  N04  N05  N06  N07  N08  N09  N10  N11

**Body Area:**

- B01  B02  B03  B04  B05  B06  B07  B08  B09  B10  B11

## CAUSE OF INJURY/DAMAGE:

**Cause of Injury/Damage:**

- C01  C02  C03  C04  C05  C06  C07  C08  C09

**Activity at Time of Incident:**

- A01  A02  A03  A04  A05  A06  A07  A08  A09  A10  A11

## PROPERTY INVOLVED:

**Property Involved (describe property involved and extent of loss and/or damage):**

**Cause of Loss/Damage:**

- C01  C02  C03  C04  C05  C06  C07  C08  C09

**Name of Person Completing Report:**

**Name of Administrator:**

**Date:**
Marsh is one of the Marsh & McLennan Companies, together with Guy Carpenter, Mercer, and Oliver Wyman.

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