Incident Report Form

OSBIE
ONTARIO SCHOOL BOARDS' INSURANCE EXCHANGE

1-800-668-6724 (519) 767-2182 FAX (519) 767-0281

1. Injured Person

YYYY-MM-DD

Name _____ Date Of Birth _____

Address _____

Gender ◯ Male ◯ Female ◯ Identified as neither M or F ◯ Choose not to disclose Age _____ Grade Level _____ Telephone _____

Injured Person: ◯ Student ◯ Parent ◯ Visitor ◯ Volunteer ◯ Other Parent's Name _____

2. Details of Injury

Injury _____ Body Part _____

Injury Classification: ◯ Minor ◯ Moderate ◯ Critical *Indicate Left or Right

3. Details of Incident

Date _____ Time/Heure _____ Type: Bodily Injury or Property Damage

Action Taken (check all that apply)
- ☐ Administered First Aid
- ☐ Contacted EMS/Called 911
- ☐ Concussion Forms Given to Parents
- ☐ Dental Treatment
- ☐ Hospitalized – Admitted
- ☐ Hospitalized – treated/released
- ☐ Notified Parent/Guardian
- ☐ Parent/Guardian advised to seek medical treatment

Cause (check one)
- ☐Assault
- ☐Car or Bus Accident
- ☐Collision with object/person
- ☐Contact with sharps/glass
- ☐Expose to heat/cold
- ☐Fall - from heights
- ☐Fall - ice
- ☐Fall - snow
- ☐Fall - trip
- ☐Fall – water
- ☐General Illness
- ☐Lifting & Handling
- ☐Recess Free Play
- ☐Rough Play
- ☐Sport - gym class
- ☐Sport - intramural
- ☐Sport - recess activity
- ☐Sport - school team
- ☐Stabbing
- ☐Shooting
- ☐Other _____ **If Sport, Enter Sport** _____

Location (check one)
- ☐ Cafeteria
- ☐ Classroom
- ☐ Co-op Placement
- ☐ Doors/Entrance Area
- ☐ Driveway
- ☐ Field Trip – Other
- ☐ Field Trip – Pool
- ☐ Field Trip - Ice Rink
- ☐ Field Trip - Ski / Snowbrd
- ☐ Gymnasium
- ☐ Hallway
- ☐ Naturalized Play Item/Area
- ☐ Outdoor Ed Centre
- ☐ Parking Lot
- ☐ Path
- ☐ Playground Equip – Climber
- ☐ Playground Equip – Slide
- ☐ Playground Equip – Swing
- ☐ Portable
- ☐ School Yard - Asphalt/Tarmac
- ☐ School Yard - JK/SK Area
- ☐ School Yard - Sports Field
- ☐ Science Laboratory
- ☐ Shop/Technical Studies Classroom
- ☐ Sidewalk
- ☐ Stairs
- ☐ Washroom
- ☐ Other:_____

If not School premises, enter address: _____

4. Description of Incident

Please provide a brief description of how/where the incident occurred, if more space is needed use back of page:

5. Witnesses

	Name	Home Address	Home Phone
Witness 1			
Witness 2			

Teacher _____ Initial Report to: ☐Custodian ☐Lunch/Yard Supervisor ☐Principal ☐Teacher ☐School Office Admin. ☐Student Helper ☐Volunteer

Information is collected on this form for the purposes of complying with the terms and condtions of an insurance contract
Les informations sont recueillies sur ce formulaire aux fins de se conformer aux termes et conditions d'un contrat d'assurance