

The following report can be sent to the Risk Management & Insurance, Dept of Finance, Yellowknife by fax (867) 873-0325, mail (Box 1320, Yellowknife, NT. X1A 2L9), or email to risk_fin@gov.nt.ca Once completed, the form can also be hand-delivered (third floor of the YK Centre, Yellowknife)

Student Accident Report

General

Name of School:	Location:	
Name of Student:	Region:	
Date of Birth:	Male	Female
Grade:		
Name of Parent(s)/Guardian(s):		
Mailing Address:	Phone Number:	
Where parents contacted?	Yes	No

Details of Accident:

Date:	Time:	Place: In school
Specific Location:		
In school residence On way to/from school	While on excursion	On school grounds
Describe what happened:		
Teacher on Duty:	Nature of Injury:	
Describe First Aid administered:	By Whom?	
Where was the student taken for medical treatment:	By Whom?	

Parent(s)/Guardian(s):

Date Health Centre First Consulted:	
Name & Address of Physician:	
Are any benefits for accidents provided under any other group insurance or dental plan?	
Name of Insuring Company:	
Policy Number:	Certificate Number:
The undersigned hereby certify that the following answers are true and complete to the best of our knowledge or belief:	
Date:	Signed(by parent/guardian):

Signed: (PRINCIPAL)
