



STUDENT INJURY REPORT FORM

Building _____ Location Code _____

Student injury incidents (Incident Only) and claims should be reported through standard claim reporting process with cover Fax Sheet to: tnwclaims@tnwinc.com, client number 010563 (VDN 4511).

Catastrophic or Serious Injury reports should be reported immediately to GB-Detroit-Mail@gbtpa.com. Please do not send incidents or non-serious claim notices to this email.

INCIDENT ONLY

This form should be completed to assist in determining the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Accidental loss of tooth | <input type="checkbox"/> EPI-PEN | <input type="checkbox"/> Psychological/psychiatric incident |
| <input type="checkbox"/> Acute sprain | <input type="checkbox"/> Fracture | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Brain Damage | <input type="checkbox"/> Illness/Injury severe enough to cause immediate transfer for medical care | <input type="checkbox"/> Severe bleeding |
| <input type="checkbox"/> Death | <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Severe burn |
| <input type="checkbox"/> Disc Injury | <input type="checkbox"/> Loss of sight | <input type="checkbox"/> Severe head injury |
| <input type="checkbox"/> Dismemberment | | <input type="checkbox"/> Anything else identified by principal |

Date of Injury _____ Time of Injury _____ AM PM

Injured Student Name _____ Grade _____ Date of Birth _____

Student Address _____ Phone _____

With Whom Student Lives _____ Relationship _____

Home Notified: Name of Person Notified _____

Date _____ Time _____ By Whom? _____

Is the Child Covered by Insurance? Yes No Insurance Company _____

Type of Injury _____ Body Part Injured _____

Description of Accident: *(What was the student doing when injured? Describe the injury/illness naming part of body affected. Name any object/substance involved in the injury. Describe the events leading to the injury. Use reverse side for additional comments).*

First Aid or Other Action Taken and by Whom?

Disposition of Incident: Back to Class Sent/Taken Home With Whom? _____

To Hospital _____
Name _____ Address _____

Observed in School _____ Date Returned to School _____

Witness:

(1) Name _____ Address _____

(2) Name _____ Address _____

Signature of Person Reporting _____ Phone _____ Date _____

Supervising Person _____ Phone _____ Date _____

For Follow-up, Contact _____ Phone _____ Date _____