



# 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 \_\_\_\_\_