



Insurance Plan

Administrative Procedure 1.B.110

Board Governance Policy Cross Reference: 1, 2, 3, 16, 17

Legal Reference: Public Schools Act

Date Adopted: September, 1972

Date Amended: September, 1975; January, 1983; May, 2005; June, 2012; April, 2019; January, 2022

Student insurance program plans will be made available under these guidelines:

1. An insurance plan will be made available to students throughout the District.
2. Participation in an insurance plan shall be optional, at the discretion of the student and/or parent.
3. Once student insurance has been selected, it becomes primarily a matter between the student (or parent) and the insurance company, with the school supplying a copy of the accident report form, if the accident occurs during school hours.
4. Student accident insurance is required for all students participating in work experience on-the-job training.

MANITOBA SCHOOLS INSURANCE STUDENT ACCIDENT INCIDENT REPORT

INCIDENT REPORTING:

Please use the MSBA HUB incident reporting portal <https://www.hubinternational.com/en-CA/programs-associations/manitoba-school-boards-association/> to report all incidents. Incidents include (but not limited to) slips and falls, near misses, bumps/bruises and fractures.

**MANITOBA SCHOOLS INSURANCE
STUDENT ACCIDENT INCIDENT REPORT**

SCHOOL BOARD: _____

SCHOOL: _____ TELEPHONE #: _____

NAME OF INJURED PERSON: _____ DATE (D/M/Y) OF BIRTH : _____

ADDRESS: _____

TELEPHONE #: _____ DATE (D/M/Y) OF ACCIDENT: _____

TIME OF ACCIDENT: _____ AM PM

WHERE DID ACCIDENT OCCUR: INDUSTRIAL ARTS CLASS HOME ECONOMICS CLASS CLASSROOM
 LABORATORY SCHOOL PLAYGROUND FIELD TRIP BUS PHYSICAL EDUCATION-OUTSIDE
 PHYSICAL EDUCATION-INSIDE OTHER. IF OTHER (SPECIFY): _____

DESCRIBE IN DETAIL HOW ACCIDENT OCCURRED:

INJURY CLASSIFICATION: **"MINOR"** – SUCH AS SCRATCH, BRUISE, SCRAPE, MINOR CUT, MINOR SPRAIN
 "MODERATE" – SUCH AS SERIOUS CUT, MORE SEVERE SPRAIN, BROKEN FINGER
 "SEVERE" – SUCH AS INJURY TO EYE, HEAD, FACE, BACK, BROKEN ARM/LEG

EXACT NATURE AND TYPE OF INJURY:

WAS INJURY TREATED: YES NO NOT KNOWN IF YES, BY WHOM?: _____

IF YES, TYPE OF TREATMENT: _____

WAS A TEACHER/SUPERVISOR PRESENT OR PROVIDING SUPERVISION: YES NO NOT KNOWN

IF YES, NAME OF TEACHER/SUPERVISOR: _____ NAME OF WITNESS(ES): _____

WAS PUPIL: SENT HOME TAKEN TO HOSPITAL/DOCTOR

NUMBER OF SCHOOL DAYS MISSED (IF KNOWN): _____

WAS PARENT NOTIFIED: YES NO IF YES, BY WHOM?: _____

HAS THERE BEEN ANY SUBSEQUENT CONTACT WITH THE PARENT(S): YES NO

IS STUDENT COVERED BY STUDENT ACCIDENT PROTECTION PLAN: YES NO NOT KNOWN

ANY ADDITIONAL COMMENTS:

DATE: _____ SUBMITTED BY: _____

SIGNATURE OF PRINCIPAL: _____ NAME OF PRINCIPAL (IN FULL): _____

INFORMATION THAT YOU SUPPLY ON THIS FORM WILL BE USED SOLELY FOR THE PURPOSE OF CLAIM INVESTIGATION