

Policy Number WCV 6015196

Agent - General Insurance

MSD of NEW DURHAM TOWNSHIP

WESTVILLE SCHOOLS

207 E. Valparaiso Street  
Westville, IN 46391-9712

Ph. (219) 785-2239 Fax (219) 785-4584

Federal ID # 35-1996904

Agent Ph. (219)879-4581

Date of Incident \_\_\_\_\_

Time of Incident \_\_\_\_\_ a.m. / p.m.

Rate of Pay \_\_\_\_\_

Date of Hire \_\_\_\_\_

### INCIDENT REPORT

Please complete and submit this report to the Principal's Office (copy to the Superintendent) whenever anyone (including student, spectator, and staff) is injured on the school grounds or at a school sponsored event.

Name of injured \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

(Include Grade if a Student)

Parent/Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Was the parent/guardian notified as soon as possible? Yes ( ) No ( ) Time of Call \_\_\_\_\_ a.m. / p.m.

Supervisor(s)/Teacher(s) on duty:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Who witnessed the injury? \_\_\_\_\_ Telephone \_\_\_\_\_

How did this injury occur? (Use back side if necessary) \_\_\_\_\_

Location of injury	_____ Head	_____ Neck	_____ Back
	_____ Shoulder	_____ Chest	_____ Hip
_____ Ankle	_____ Stomach	_____ Eye	_____ Arm
_____ Foot	_____ Wrist	_____ Hand	_____ Finger
_____ Toe	_____ Thigh	_____ Knee	_____ Calf

Other \_\_\_\_\_

How was the injury handled? (Check all appropriate)

\_\_\_\_\_ First Aid (Describe) \_\_\_\_\_

\_\_\_\_\_ Parent/Guardian called \_\_\_\_\_ Doctor called \_\_\_\_\_ No further steps deemed appropriate

\_\_\_\_\_ EMS called

\_\_\_\_\_ Transported to hospital

Name of Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Released to self \_\_\_\_\_ Released to Parent/Guardian \_\_\_\_\_ Released to relative.

Other (Explain) \_\_\_\_\_

Report submitted by \_\_\_\_\_

Name and Title

Date Submitted

Received by Principal \_\_\_\_\_

Date and Principal Initials

Sent to Insurance Company \_\_\_\_\_

Date