



**Severity of Injury (please indicate one of the following):**

**High** ☐ (ambulance needed)

**Medium** ☐ (medical attention recommended)

**Low** ☐ (minor first aid)

Name of student:		Student DOB:		Grade of student:	
School:		School Phone:			
Incident Date:		Time:		Location of incident - Specify	
Name & Telephone of Parent/Guardian:				Notified of incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe how the incident happened (use a separate sheet if necessary)					
What comments/instructions were given by the parent/guardian when contacted (include the information given, and the response):					
Activity at the time of the incident (e.g. football, field trip, phys. ed., etc.):					
What injury did the person sustain? (e.g. arm broken, puncture leg wound, chipped tooth):					
Was First Aid Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		List All Providers		Was Outside Medical Aid Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of First Aider and Qualification				Name of Provider and Qualification	
Name of First Aider and Qualification		Name of Provider and Qualification			
Treatment provided: (Use additional paper if necessary):					
Please indicate the type of transportation (if any) used: <input type="checkbox"/> None <input type="checkbox"/> Ambulance <input type="checkbox"/> Parent <input type="checkbox"/> Other					
Transported to:					
Please list any witnesses to the incident: Name:			Telephone:		
Name:			Telephone:		
<b>Please identify:</b>					
Who prepared this report: _____		The supervisor at time of incident: _____			
(please print) Title: _____		(please print) Title: _____			
Name of Principal: _____		Principal Signature: _____		Date: _____	
(please print)					

Personal information is collected under the authority of Section 33c of Alberta's Freedom of Information and Protection of Privacy Act (FOIP). This information will be used to respond to potential emergency situations involving the person whom you have identified above. It will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection and/or its intended use, please contact the school principal or Corporate Risk Management at 403-817-7407.