Student Accident – Claim Form

Complete for any accident involving injuries that require medical attention. Send to Risk Management and Insurance, Dept. of Finance, Iqaluit at Fax:(867) 975-5845, by email to riskmanagement@gov.nu.ca or by regular mail at P.O. Box 2260, Iqaluit, NU, X0A 0H0

General

Name of School:	Location:	
Name of Student:	Region:	
Date of Birth:	Male ☐ Female ☐	Grade:
Name of Parent(s)/Guardian(s):		
Mailing Address:	Phone Number:	
Were Parents Contacted? Yes ☐ No ☐		

Details of Accidents:

Date:	Time:	Place:
Specific Location:		☐ In school
Describe what happened:		☐ On school
		☐ On way to/from school
		☐ In school residence
		☐ While on an excursion
Teacher on Duty:	Nature of Injury:	
Describe First Aid Administered:		By Whom?
Where was student taken for Medical Treatment:		By Whom?

Parent(s)/Guardian(s):

Date Physician First Consulted:		
Name & Address of Physician:		
Are any benefits for accident provided under any other group insurance or dental plan?		
Name of Insurance Company:		
Policy Number:	Certificate Number:	
The undersigned hereby certify that the following answers are true and complete to the best of our knowledge or belief:		
Date:	Signature(Parent or Guardian):	

Hospital and Medical Authority:

I hereby authorize any hospital, physician, surgeon, or other person who has attended, treated or examined _____(student) to furnish the Government of Nunavut or its representative, any and all information requested with respect to the illness or injury, medical history, consultation, prescriptions or treatments, and copies of all hospital or medical records and reports covering this case. A photocopy of this authorization shall be considered as effective and valid as the original.		
Date:	Signature(Parent or Guardian):	
Address:	City of Town:	Postal Code:

Physician:

If claim is for fracture, dislocation or any injury that requires surgery have the following section completed by the attending physician:		
Nature of Injury:	Date of Surgery:	
Date:	Signature of Physician:	
Date:	**Signature of Principal:**	