

Bus Passenger Injury Report

To be completed for all injuries associated with school bus loading /unloading and school bus travel

Passenger Information	
Name of Injured:	Age:
School:	Grade:
Address:	Postal Code:
Parent/Guardian:	Telephone:

Injury Sustained	
Date:	Time:
Nature of Injury:	
Describe briefly how the injury occurred:	
Witness 1:	Witness 3:
Witness 2:	Witness 4:

Assistance Rendered	
First Aid:	
Was medical assistance required?	Doctor:
Yes	Treatment Facility:
No	

Follow Up				
Was parent/guardian notified?	Yes	No		
Status of injured:	Hospitalized	At home	At school	Other
Report Completed by:				
Principal Signature:	Date:			
THE BUS DRIVER WILL REPORT ALL INJURIES TO THE PRINCIPAL OR VICE PRINCIPAL OF THE SCHOOL				

In accordance with the Freedom of Information and Protection of Privacy Act (FOIP), The Sturgeon School Division is authorized and required under the provisions of the Education Act and its regulations to collect, use and disclose personal information that is necessary to provide educational programming and ensure a safe and secure school environment for students.