

# ACCIDENT/INSURANCE

## **Student**

A student accident report should be filed on all student accidents (see following sample). Copies should be filed as specified on the back of the form.

### **1. Liability Insurance (patron/student):**

The school district carries liability insurance to cover accidents which may occur as a result of faulty equipment or hazardous conditions in the school buildings or on school grounds. If an accident should occur which might incur liability on the part of the district, please submit the appropriate accident report (enclosure) to the district office. It is important that his report be completed in detail. That report will be submitted to the Office of State Risk Management, which will review the claim and make a determination about liability. Note: **DO NOT** make any statements or pass judgment as to the cause, guilt or hazardous conditions that may have contributed to the accident. Be objective and assist in filling out the accident report in a clear, complete manner. The insurance adjusters and/or courts will determine cause and liability. No one is authorized to direct any caregiver to submit a bill directly to the district.

### **2. Student Insurance:**

A limited student accident insurance is made available to patrons at a nominal fee. The application forms and a description of insurance provision are provided each school at the beginning of the school year.

Please assist patrons in submitting the appropriate claim for (see attachment.)

## **Employee**

### **1. First Report of Injury**

School district employees are covered by workers compensation insurance for accidents or injuries, which may occur “on the job” or during the course of employment. It is important that a “First Report of Injury” (see attachment) be completed and submitted to the district office within three days of the accident. Certain personal information is required and a full description of the accident and/or injury. The accident/injury should be reported to a school official or supervisor and the report signed by the principal.

These filing requirements are **in addition** to any information or report provided to or submitted by a physician, hospital, or emergency facility.

Again, no one is authorized to direct any caregiver to submit a bill directly to the district.

### **2. Health and Accident Insurance**

A full comprehensive health and accident insurance policy is provided to all full-time certificated employees and twelve-month classified employees at no cost to the employee. Certificated employees must be employed half time or more to qualify for insurance benefits. The cost of premium will be prorated accordingly. A classified employee must be employed for at least four hours per day to qualify.