



LatchKey Student Accident Checklist

Complete if:

- 911 is called
- First aid care was necessary
- If notified of student seeking medical care for previously reported injury
- Faulty equipment or possible negligence
- Student was dismissed early due to injury
- Medical care was sought within 60 days

WICHITA PUBLIC SCHOOLS

Employee Benefits/Insurance Management

STUDENT NAME: _____

Office: 316-973-4566

DATE OF INCIDENT: _____

Fax: 316-973-4646

CHECKLIST

***ALL RESOURCES/FORMS REFERENCED BELOW ARE FOUND THROUGH THE FOLLOWING LINK:**

<https://www.usd259.org/Page/20522>

- Student Accident Report - Online Submission
- Part A (REQUIRED) of Proof of Claim Form to be Completed by LatchKey Director **or** Employee On-Site.
- Part B (OPTIONAL) of Proof of Claim Form to be Completed by Guardian the time student is picked up.
- Review KDHE Critical Incident Reporting FAQs & determine if the Latchkey injury is state-reportable.
- If this injury is considered state-reportable. Complete KDHE Critical Incident Report and follow submission details on the form.
- Send the following to EB/IM:
 - This completed checklist
 - The Student Assurance Proof of Claim Form
 - KDHE Accident Form, if applicable

If Proof of Claim is not completed at time of pick-up, send document home for completion

With whom was the Insurance Claim Form sent home for completion:

Name: _____

Relationship to Student: _____

Phone #: _____

***If you don't know or don't have access to the student's ID, please enter "No Synergy Access" in ID field.**

****In the event the Proof of Claim Form is sent home, please ensure that a copy of the form, with Part A completed, is submitted to EB/IM**

COMPLETED BY: Employee ID , Signature , Date

Fax: (316) 973-4646
 Email: DMumma@USD259.net
 Inner-School Mail to: EB/IM - AMAC