

**SE SIDE FOR CLAIM FILING INSTRUCTIONS**



NAME OF MOTHER OR LEGAL FEMALE GUARDIAN	DATE OF BIRTH OF MOTHER OR LEGAL FEMALE GUARDIAN	HOME TELEPHONE NO. (    )
ADDRESS	CITY	STATE      ZIP CODE
NAME OF EMPLOYER	WORK TELEPHONE AND EXTENSION NO. (    )	
NAME OF OTHER HEALTH AND/OR ACCIDENT INSURANCE COMPANY OF MOTHER OR LEGAL FEMALE GUARDIAN	(    )	
MAILING ADDRESS OF INSURANCE COMPANY	CITY	STATE      ZIP CODE

I understand that any ul.i 0 0 1 x 0 0 8h 6 83.867 11.002 Tm [(D)0.27867(/)] TJ

## CLAIM FILING PROCEDURE

Report school-related injuries to the school within 72 hours.

Have school complete PART A. (Parents or legal guardian may fill out PART A if injury is not school related.)

Claimant, parent or guardian complete PARTS (P) 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.