District School Board
Ontario North East

**Appendix C**

# Documentation Template for Tragic Event

**Event Date:** _____ **Time:** _____

**Name:** _____ **Grade/Position:** _____

D.O.B. _____

Police Contact: _____ Phone: _____

Hospital Contact: _____ Phone: _____

Other Contact: _____ Phone: _____

Verification from: _____ Phone: _____

Details: _____

Request for Confidentiality? ☐ No ☐ Yes If Yes, Requested By : _____

Relationship to Deceased/Injured Party: _____

Name of Family Liaison: _____ Phone: _____

Relationship to Deceased/Injured Party: _____

Family Wishes: _____

Informing classes/school: Format: _____ By whom: _____

Script to be used: (list script from Appendices, note original script below, or attach separately

☐ Informed Ontario School Board Insurance Exchange - OSBIE
(and completed necessary forms as appropriate)
☐ Informed Occupational Health and Safety Officer (and complete necessary forms as appropriate)

☐ Informed Human Resources (as appropriate)

☐ Informed Payroll (as appropriate)

☐ Informed School Council Chair

☐ Informed other persons associated with school: _____

☐ Past Principals: _____

☐ Past Staff: _____

☐ Others: _____

_____

_____

Funeral Home Name and Address:

Visitation Date: _____ Time: _____

Funeral Service Location:

Date: _____ Time: _____