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# K&K INCIDENT REPORT

North Dakota High School Activities Association  
 Concussion Coverage

(PLEASE PRINT)

<b>NATURE</b>	<input type="checkbox"/> BODILY INJURY <input type="checkbox"/> OTHER: _____
<b>TIME &amp; PLACE OF INCIDENT</b>	DATE: _____ TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM EVENT NAME: _____ EVENT TYPE: _____ CONDUCTED BY: _____ LOCATION: _____
<b>HAPPENED TO</b>	NAME: _____ SSN: _____ DATE OF BIRTH: _____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female    PHONE: (____) _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
<b>FUNCTION</b>	AS: <input type="checkbox"/> ATHLETE <input type="checkbox"/> OTHER: _____
<b>APPARENT INJURY OR DAMAGE</b>	BODY PART: _____ CONDITION: _____ <input type="checkbox"/> ON-SITE CARE ONLY, BY (PHYSICIAN) (EMT) (TRAINER) OTHER: _____ <input type="checkbox"/> AMBULANCE, TAKEN TO: _____ CITY: _____ <input type="checkbox"/> FATALITY
<b>OCCASION</b>	WHAT WAS THE SITUATION AND EXACT LOCATION AT THE TIME OF THE INCIDENT? _____ _____ _____ _____
<b>INCIDENT DESCRIPTION</b>	DESCRIBE WHAT HAPPENED: _____ _____ _____ _____
<b>OTHER SCHOOL INSURANCE</b>	DOES THE SCHOOL PROVIDE ANY OTHER ACCIDENT MEDICAL COVERAGE FOR THE STUDENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE PROVIDE THE NAME OF THE COMPANY: _____ _____ _____
<b>INSURED</b>	NAME OF INSURED: _____ POLICY#: BAX0000030957500 IGHSAU MEMBER SCHOOL NAME: _____ PHONE: (____) _____ CITY: _____ STATE: _____
<b>INSURED REPRESENTATIVE</b>	<input type="checkbox"/> NDHSAA Member School Administrator <input type="checkbox"/> OTHER: _____ NAME: _____ PHONE: (____) _____ TITLE: _____ ORGANIZATION: _____ SIGNATURE: _____ DATE: _____

**COMPLETE ALL SECTIONS AND FAX OR MAIL IMMEDIATELY TO:**  
**K&K INSURANCE GROUP, INC., P.O. BOX 2338, FORT WAYNE, IN 46801-2338**  
 THIS FORM MUST INCLUDE THE INSURED NAME, POLICY NUMBER, AND SIGNATURE OF THE INSURED/REPRESENTATIVE  
 BEFORE RETURNING OR PROCESSING MAY BE DELAYED