Instructions for Filing Student Injury Claim

If a student has received medical treatment as a result of a school bus accident, you are instructed to forward all medical bills along with this form to the address below. These bills will be forwarded to the appropriate claims handler as they are received in this office.

Send bills to: **Guilford County Schools**
Transportation Department
Sally McKiver
131 Franklin Blvd.
Greensboro, NC 27401
mckives@gcsnc.com
(888) 511-4427

Please fill out the form below with your child's information.

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School Bus Accident Information for Injured Student

Name of Injured Student_____ Soc Sec # _____

Address_____
Street # City State ZIP

Date of Accident_____ Bus #_____

Accident Location_____

Student's Age _____ School _____ Grade _____

Parent/Guardian's Name_____ Soc Sec # _____

Telephone Home _____ Work_____

Attending Physician _____ Date of Treatment_____

Description of student's injuries and how they happened:

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Any additional information:

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