

**ALL FORMS MUST BE COMPLETED BY THE SCHOOL NURSE DURING SCHOOL HOURS*

Employee's Name:		<div>Today's Date:</div> <div>/ /</div> <div>D.O.B</div> <div>SS#:</div> <div>- -</div> <div>Position:</div> <div>Job Requirements:</div>	
Employee's phone #:	() -		
Employee Address:			
Employee's Supervisor:			

Location Where Accident Occurred: _____ <i>Room # (If available):</i> _____ Nature of Injury: (laceration, burn, strain) _____ Part of body: (left arm, right foot head etc.) _____ Cause of injury: (machine, door, injury by lifting, etc.) _____ _____ Accident/Injury Description: _____ _____ _____ _____ _____ _____ _____ _____ Initial Treatment: <input type="checkbox"/> No medical treatment <input type="checkbox"/> Minor on site treatment <input type="checkbox"/> ER Evaluation <input type="checkbox"/> Hospitalized >24 hrs <input type="checkbox"/> Minor clinic/hospital treatment	Date of Accident: / / Time of Accident: : am/pm Did Employee Stop Work for the day? Y or N <i>(If yes, remember to fill out Request for Leave Form)</i> Was Medical Care Provided at school? Y or N If yes, by who? _____ When was treatment given? Date and Time / / : am/pm <div style="background-color: #f0f0f0; padding: 5px; border: 1px solid black; margin-top: 10px;"> OUTSIDE TREATMENT: </div> <div style="border: 1px solid black; margin-top: 5px;"> Name and Address of Doctor: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="border: 1px solid black; margin-top: 10px;"> Name and Address of Hospital: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div>
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Are there any extenuating circumstances that you believe the Workers' Compensation carrier should be aware of?
 If so, please explain: _____

Any witnesses to the incident? Y or N		Witness statement filled out:	
If so, please list names and phone numbers:		Y or N	
		Y or N	
		Y or N	
		Y or N	
Camera footage available? Y or N Was it viewed? Y or N		By who? _____	
Camera time stamp/date/camera #			

Date:

☐ BUSINESS OFFICE