
Signature of person reporting

[This section to be filled out by the office.]

Called 911

First aid treatment: _____

By whom? _____

Employee went: Back to class Home Physician
 _____ Hospital How was the employee transported? _____

School office notified. Time: _____ By whom? _____

Location: Playground Classroom Corridor Cafeteria
 Gymnasium Bus Restroom School grounds
 Other: _____

Follow-up

Worker's Compensation Claim Filed: Yes No Claim Number: _____

Insurance Agent Name: _____ Phone: _____

Total number of days employee absence: _____

Nature of injury:

Abrasion Amputation Animal bite Avulsed tooth Fracture

Human bite Laceration Puncture Scratches Sprain

Strain Other: _____

Part of body injured:

Ankle Arm Back Clavicle Elbow Eye Face

Finger Foot Hand Head Knee Leg Nose

Scalp Toe Tooth Wrist Other: _____

Office Personnel Signature

Date