

EMPLOYEE ACCIDENT/INJURY REPORT

Bigfork School District #38

8301F-3

DATE OF ACCIDENT: _____ **TIME OF ACCIDENT:** _____

NAME OF INJURED: _____ **BIRTHDATE:** _____

HOME ADDRESS: _____

HOME PHONE: _____

LOCATION OF ACCIDENT: _____

DESCRIPTION OF ACCIDENT: (what happened, how it happened, the cause, resulting injury, etc) _____

PERSON IN CHARGE WHEN ACCIDENT OCCURRED: _____

IMMEDIATE ACTION TAKEN: None First-aid Treatment Seen by School Nurse
 Went Home Referred to Doctor Sent to Hospital; by whom: _____

NOTIFICATION: Supervisor Doctor Nurse Colleague Other _____

How: _____ When: _____ By Whom: _____

DISPOSITION: None Taken Home Taken to doctor's office Taken to hospital
 Other _____

WITNESSES: Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

MISCELLANEOUS INFORMATION:

Employee Signature _____ Contact Phone No. _____

Signed by Principal /Nurse/Supervisor _____ Contact Phone No. _____