

DEXTER COMMUNITY SCHOOLS
EMPLOYEE ACCIDENT/INJURY FORM

Effective 1/26/2009

INJURED EMPLOYEE INFORMATION:

Name: _____ SS#: _____

Home Address: _____ Home Phone: (____) _____
(Include Street, City, Zip)

Sex: Male Female Marital Status: _____

Position: _____ Building: _____ Hire Date: _____

INJURY INFORMATION:

Date of Injury _____

Time of Injury _____

Where did the injury occur (Building/Location)? _____

Was employee injured on the job? Yes No

What is the nature of the injury? *(Be specific. EXAMPLE: Cut left wrist or cut and twisted left index finger)*

Describe in **DETAIL** how injury occurred *(Be specific. EXAMPLE: Caught left heel in crack on floor or while moving tables in classroom fell on left knee and hit right hand against door)*

Witnesses: _____

I DID NOT SEEK MEDICAL TREATMENT FOR THIS INJURY

If medical treatment is sought at a later date for this injury, you must notify the Human Resources Department immediately to authorize treatment.

ONLY AUTHORIZED MEDICAL FACILITIES LISTED BELOW ARE TO BE USED FOR TREATMENT

If another physician or facility is used; DCS is NOT responsible for medical bills.

Check below the approved medical facility used for treatment:

Chelsea Community Hospital, Emergency Services Department (Business Health Services) 775 S. Main St., Chelsea, MI (734) 475-3960 CLINIC HOURS: Open 7:00am-5:00 pm, Mon-Fri. – Entrance At Hospital Emergency Department. Please Note: This facility is available 24 hours a day.

Extreme emergency requiring treatment at the nearest emergency center. **Please Note: The above facility is available 24 hours a day.**

Signature of Employee

Date

Signature of Administrator

Date

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE HUMAN RESOURCES DEPARTMENT
WITHIN 48 HOURS OF ACCIDENT/ INJURY**

EMPLOYEE ACCIDENT/INJURY

Directions Directions

Direct questions regarding this form to Human Resources
734-424-4104

- ◆ ***The building administrator, director, or school nurse must complete the Employee Accident/Injury Form, following all employee work-related accidents/injuries.*** Accident/Injury Forms must include the signature of both the supervisor **and** the employee.
- ◆ ***Completed Accident/Injury Forms must be returned to the Human Resources Department within 48 HOURS following all work-related accident/injuries.***
- ◆ All work related accidents/injuries requiring medical attention must be reported to the building administrator or director for authorization for treatment at the approved medical facility listed on the reverse side.
- ◆ ***In order to receive medical treatment, employees must take the Authorization for Examination & Treatment Form completed and signed by the building administrator, director, or school nurse to Chelsea Community Hospital Emergency Services, located at the Emergency Department at the Chelsea Community Hospital.***
- ◆ ***ONLY AUTHORIZED FACILITIES*** listed on the reverse side are to be used for employee work-related accidents/injuries. *All* sections of the **Employee Accident/Injury Form** must be completed. Information must be **specific and detailed** as to how the injury occurred and what body part was injured. This **detailed** information is required for all claims submitted to the Michigan Bureau of Workers' Compensation.
- ◆ If an employee goes to a physician or facility other than those listed on the reverse side of this form, **they will be responsible for payment of all bills.** Dexter Community Schools will pay **only** for verified, on-the-job injuries, which are treated at the approved facility, except in the case of extreme emergencies. **All injuries are required to be reported and treated/evaluated within 48 hours of the incident.**
- ◆ Additional Employee **Accident/Injury Forms** and **Authorization for Examination & Treatment Forms** may be obtained from the Human Resources Department or are available on the Human Resources portion of the district web site. Please call Human Resources at (734) 424-4104, if you have any questions.

Effective January 26, 2009

Chelsea Community Hospital
Emergency Services Department (Business Health Services)
(Located at the hospital emergency area)
775 S. Main St.
Chelsea, MI 48118
734-475-3960
Hours: Monday ó Friday
7:00 AM ó 5:00 PM