STAFF ACCIDENT REPORT

Form to be submitted to hr@carmelschools.org

Email Subject: Staff Injury – Employee Name -Date of Injury

OR to school nurse to send **to Human Resources**

Let your building AESOP Coordinator & Human Resources know of absences immediately.

Name of Employee:		Last 4:	
Employee Address:			
Telephone #:		Date of Birth:	
Gender:		Date Employed:	
Job Title:		Building:	
Supervisor:			
Date of Accident:		Time of Accident:	
Location of Accident:			
Details:			
Type of Injury: (body part, throbbing, numbing, indicate left or right side, etc.)			
Witnesses(s):			
Medical Attention Required/Administered/Recommended: (Provide documentation, if applicable)			
Medical Provider: (Name/Address)			
Return to Work:	☐Yes ☐ No	Lost Time:	
Person Completing Form/Title:		Date	

Insurance company for work related injuries: (billing information for medical providers)
Wright Risk Management, 900 Stewart Ave, Suite 600, Garden City, NY 11530
Phone: 516-227-2300