

# CRAIG R-III INJURED STAFF REPORT FORM

Note to Staff:

In order that we may expedite the insurance claim form for those staff members who are covered by insurance and so that we will have a record for workman's comp, the following information must be filled out and returned to the office anytime a staff member is injured - whether or not medical attention is required. PLEASE SUBMIT A COPY TO THE FRONT OFFICE.

Name \_\_\_\_\_  
Position \_\_\_\_\_

Date \_\_\_\_\_ of \_\_\_\_\_ injury \_\_\_\_\_  
Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Date \_\_\_\_\_ and time \_\_\_\_\_ the accident was reported to school officials.

Nature of injury \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What specific activity was involved \_\_\_\_\_  
\_\_\_\_\_

Where did the accident happen \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did the accident happen \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Signature*