

## Employee Accident Report

All employees injured on the job are to see the school nurse at the time of the injury.  
This form should originate with the employee or their supervisor.

Name of Employee: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date/Hour of Incident: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Statement of how incident occurred:

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Recommendation to prevent future incident:

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\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Supervisor

Statement by Nurse:

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\_\_\_\_\_  
Signature of Nurse

\_\_\_\_\_  
Date/Time

Send bills/medicals to:  
Gallagher Bassett Services  
PO Box 23812  
Tucson, AZ 85734