

CLARKSDALE MUNICIPAL SCHOOL DISTRICT

Joe Nelson, Ph. D., Superintendent
526 S. Choctaw Street
P.O. Box 1088
Clarksdale, MS 38614

**EMPLOYEE REFUSAL OF MEDICAL TREATMENT
FORM**

I have been advised by my Manager/Supervisor that I may seek medical treatment for the injury/accident that may have occurred on the job per the below listed information. I do not think medical treatment is needed at this time, but I will inform my Manager/Supervisor immediately should the need arise.

Employee Name
(Please Print)

Date & Time of Injury

Provide a detailed description of the injury below:

Employee Signature

Date

Supervisor's Note: Use this form if an employee has a minor injury and they do not feel that they need medical treatment. If the employee's injury is obvious get medical attention and/or call 911, if necessary.

Remember to complete the Accident Investigation Report form and fax it immediately to Pam Higginbotham at 662-627-8542 if the employee refuses medical attention.

CMSD

"Education of Our Children: TOP PRIORITY"

Phone: 662-627-8500

Email: www.cmsd.k12.ms.us Fax: 662-627-8542