Appling County School District
Nurse Statement

Ensure that the employee is provided with the Worker's Compensation Bill of Rights and the Panel of Physicians. The employee must sign a statement confirming receipt of these documents when completing his/her statement of the injured.

Name of Injured:	Date of Injury:
Name of Nurse:	Phone Number:
Time of Accident:	Location of Accident:
Please fully describe the injury and treatment provided:	
Nurse Signature:	**Date:**