Pemberton Township Board of Education
First Report Employee Injury/Treatment Form

Per District Policy 8440, all work-related injuries must be reported to the Nurse or Susan McGuinness (609) 893-8141 Ext 1004 within 24 hours of the injury.
Call 1-800-425-3222 to report an after normal hours injury

TO BE COMPLETED BY THE INJURED EMPLOYEE:

Name: _____ Date of Birth: _____

Address: _____ Contact Number: _____

_____ Extn. Number: _____

Job Title: _____ Building: _____

Do you work for the district in another capacity? (e.g. 21st Century, Champions, Coach) _____

Date of Injury: _____ Time: _____ AM/PM Work Hours: _____

Supervisor: _____ Exact Location/Room # where injury occurred: _____

Explain what you were doing when the injury occurred & what caused the injury: _____

_____

_____

_____

Describe your injuries as it relates to this incident: _____

_____

_____

Hand/Arm: L ___ or R ___ Foot/Leg: L ___ or R ___ Back: Shoulder L ___ or R ___ Lumber ___

For a Trip & Fall injury only - Footwear: _____

Was the injury caused by another person? Circle One: YES NO

If Yes, please circle one: Staff Student Visitor

Student Grade/Age: _____ Was this intentional? Circle One: Accidental Intentional

List the Name of any Witnesses: _____

Signature of Injured Worker: _____ Date: _____

TO COMPLETED BY TREATING NURSE:

Injuries Reported: _____

Treatment Provided: _____

Witness Form Received: Yes: _____ No: _____ N/A: _____

Date received from Injured Worker: _____

Disposition: RTW: _____ W/C Dr: _____ ER: _____

Nurse's Signature _____ Date: _____

TO BE COMPLETED BY INJURED EMPLOYEE

By signing below, I affirm that I have been offered and refused the following at this time:

_____ Medical Treatment by School Nurse

_____ Medical Treatment by an Approved Physician

I recognize that if I would like to received medical treatment for this injury at a later date, I must contact Susan McGuinness in order to obtain the necessary authorization for an appointment.

Employee's Signature: _____ Date: _____

APPROVED PHYSICIANS:

Carbon Health Urgent Care **Phone: 609-322-1618** **Hrs: Mon – Fri 8:00 am to 8:00 pm**
6 Earlin Ave, Ste 140, Browns Mills, NJ 08068

AFC Willingboro **Phone: 609-8712045** **Hrs: Mon – Fri 8:00 am to 8:00 pm**
4318 Route 130 N., Willingboro, NJ 08046

Concentra **Phone: 609-747-1891** **Hrs: Mon – Fri 8:00 am to 5:00 pm**
2103 Burlington-Mt. Holly Rd, Burlington, NJ 08016

If you are treated at either Carbon Health or AFC Willingboro, you must send an email with pictures of the discharge paperwork to smcguinness@pemb.org clearly showing any restrictions or absence as noted by the doctor.

You will be requested to supply answers to the following questions when you call to report an injury

EE SSN: _____

DOH: _____

Salary: _____

NOTE: All claim forms must be submitted to Susan McGuinness, see page 5

INJURY WITNESS REPORT

Your Name: _____ **Contact number:** _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Injured Employee: _____

Date of Witnessed Injury: _____ Time of Injury: _____

Exact Location (School & Area): _____

Did you Witness the injury to the Above-Named Party? Yes_____ No_____

Explain in detail what the above party was doing when the injury occurred/What caused the injury: _____

_____

_____

_____

_____

What injuries appear to have been sustained by the injured party: _____

_____

_____

_____

_____

I certify that this witness report has been read and completed to the best of my ability and that all information submitted is true.

Signed: _____ Date: _____

WARNING

34:15-57.4. Workers' Compensation fraud; criminal and civil penalties, a crime of the fourth degree if the person purposely or knowingly:

(1) Makes, when making a claim for benefits pursuant to R.S. 34:15-1 et seq., a false or misleading statement, representation or submission concerning any fact that is material to that claim for the purpose of wrongfully obtaining the benefits;

(2) Makes a false or misleading statement, representation or submission, including a misclassification of employees, or engages in a deceptive leasing practice, for the purpose of evading the full payment of benefits or premiums pursuant to R.S. 34:15-1 et seq; or

(3) Coerces, solicits or encourages, or employs or contracts with a person to coerce, solicit or encourage, any individual to make a false or misleading statement, representation or submission concerning any fact that is material to a claim for benefits or the payment of benefits or premiums, pursuant to R.S. 34:15-1 et seq. for the purpose of wrongfully obtaining the benefits or of evading the full payment of the benefits or premiums.

INJURY REPORTING PROCEDURES
EFFECTIVE March 4, 2026

General Procedure: If you are injured while on the job, you must report the incident to your supervisor or the school nurse and call 800-425-3222 if you wish to see a doctor. No medical payments will be made without obtaining a Provider Referral which will be sent directly to the medical facility as listed on page 2.

Normal Operating Hours: See your supervisor or school nurse. Fill out a First Report of Injury Form. If you wish to see a doctor, refer to General Procedures above; If you **do not** wish to see a doctor or you have already called in the claim to the 800 number above, the completed form must be emailed to smcguinness@pemb.org.

After Normal Operating Hours (evenings and weekends): If you do not want to see a doctor, fill out a First Report of Injury form with your supervisor or school nurse as soon as possible. If you need medical assistance, notify your supervisor or a district representative, and then call 1-800-425-3222 to report the injury and receive instructions for medical treatment.

Emergency Situations (Emergencies that are life and/or limb threatening): If you require emergency care, go to the nearest emergency room and have them call 1-800-425-3222 to report your injury. Have someone report the injury to your supervisor or a district representative as soon as possible.

Designated District Supervisors:

Mike Nikola	Buildings and Grounds/Custodial Injuries	732-232-9360
Barbara Wells	Food Service Injuries	609-217-8740
Maria Funches	Transportation Injuries	609-893-8141 x 1186