



Flushing Community Schools

522 N. McKinley Road, Flushing, MI 48433

Phone: (810) 591-1180 ~ Fax: (810) 591-0656

Jason Melynchek, Deputy Superintendent

September 5, 2025

Dear Employee,

We are committed to providing a safe working environment for all employees. Accident and injury prevention are our main goal, but if you are injured while on the job, we want to make sure you receive the care needed to get well again.

We have recently partnered with **AMD URGENT CARE (in addition to Convenient Urgent Care)** to ensure quality medical treatment and a smooth process for workers' compensation claims. Medical treatment outside of AMD Urgent Care or Convenient Urgent Care may NOT be eligible for compensation under the state's workers' compensation law.

All employees should be familiar with the steps necessary to seek treatment for injuries occurring at work. Our procedure is listed below.

WHEN AN EMPLOYEE IS INJURED

- If this is a life-threatening injury, please call 911.
- Employee reports accident to immediate supervisor.
- If it is not a life-threatening emergency, employee immediately completes an Employee's Report of Accident form and sees an onsite nurse, if available.
- The supervisor immediately completes and submits the Supervisor's Report of Accident and sends both reports to Personnel Specialist Rebecca Fisher rebecca.fisher@flushingschools.org to report the claim to our work comp carrier, Comprehensive Risk Services, CRS.
- **The supervisor will provide the employee with a signed Initial Authorization to Treat form.**
 - Employees **MUST** take this form to one of the facilities located on the Initial Authorization to Treat Form for initial treatment.
- After the clinic visit, employees must provide a hard copy of the clinic's activity status and discharge report to the Personnel Office.
- AMD Urgent Care and Convenient Urgent Care will work with our workers' compensation claim representative to ensure quality of care and approve future visits and prescribed treatments, including physical therapy, diagnostic tests, and specialist referrals.
- The Deputy Superintendent will work with employee's supervisor on restricted work options.

Copies of the above-mentioned forms are located in your building principal's office and our District's website under Staff Resources / Employee Forms.

If you have any questions or concerns about these procedures or how workplace injuries are managed, please contact Personnel Specialist Rebecca Fisher at 810-591-1186 or via email at: rebecca.fisher@flushingschools.org

Once again, we are committed to the safety of all employees. If you have a safety concern or any ideas for safety improvements, please contact your immediate supervisor.

Sincerely,

Jason Melynchek
Deputy Superintendent

"Preparing learners today for opportunities tomorrow."



Employee Accident / Injury Report Form

FLUSHING COMMUNITY SCHOOLS

Accident reports are to be completed for every accident occurring on school property where the injured person requires immediate or subsequent medical attention. It is the responsibility of the building administrator or immediate supervisor to forward this report to the **Personnel Office**.

All fields must be completed by employee. Please print clearly.

Name: _____ Job Title: _____ Building: _____

Date of Accident: ____/____/____ Time of Accident: ____ am/pm Date Accident Reported: ____/____/____ Time: ____ am/pm

Time employee began work: ____ am/pm When did employee return to work? ____/____/____ Time: ____ am/pm

Birth Date: ____/____/____ Marital Status: Single Married Divorced Widowed Gender: ☐ M ☐ F

Home Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

NATURE OF INJURY / INCIDENT:

- | | | | | |
|---|--|--|--|---------------------------------------|
| ☐ Allergic Reaction | ☐ Cut | ☐ Fracture | ☐ Psychological /
Psychiatric Incident | ☐ Other: _____ |
| ☐ Asthma | ☐ Electrical Shock | ☐ Head Injury | ☐ Seizure | _____ |
| ☐ Back/Spinal Injury | ☐ Eye/Facial Injury | ☐ Loss of Consciousness | ☐ Sprain | _____ |
| ☐ Burn | ☐ Fall | ☐ Loss of Tooth | | _____ |

☐ Illness, severe enough to cause immediate transfer for medical care: _____

PART OF BODY INJURED:

- | | | | | | | | |
|------------------------------------|----------------------------------|-------------------------------------|-----------------------------------|--------------------------------|---------------------------------------|-----------------------------------|---------------------------------------|
| ☐ Ankle L/R | ☐ Ear L/R | ☐ Finger L/R | ☐ Head | ☐ Mouth | ☐ Shin L/R | ☐ Tailbone | ☐ Toe L/R |
| ☐ Arm L/R | ☐ Eye L/R | ☐ Foot L/R | ☐ Knee L/R | ☐ Neck | ☐ Shoulder L/R | ☐ Teeth | ☐ Wrist L/R |
| ☐ Back | ☐ Face | ☐ Hand L/R | ☐ Leg L/R | ☐ Nose | ☐ Stomach | ☐ Throat | ☐ Other: _____ |

LOCATION ACCIDENT TOOK PLACE: Building: _____

- | | | | |
|-------------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|
| ☐ Auditorium | ☐ Gymnasium | ☐ Media Center | ☐ Shop: _____ |
| ☐ Cafeteria | ☐ Hallway | ☐ Parking Lot | ☐ Sidewalk |
| ☐ Classroom | ☐ Laboratory | ☐ Rest Room | ☐ Other: _____ |

DESCRIPTION OF ACCIDENT: How did the accident happen? What was the employee doing? List specifically unsafe acts and unsafe conditions existing.

WITNESS NAME: _____ PHONE: _____

INITIAL MEDICAL TREATMENT: ☐ None Required ☐ Refused ☐ First Aid Only ☐ Urgent Care Visit ☐ Emergency Room

☐ 911 Called **(Notify Central Office – do not leave voicemail)**

☐ First Aid: _____ Administered By: _____

EMERGENCY TREATMENT LOCATION:

Facility / Hospital: _____ City: _____

Ambulance Company: _____

EMERGENCY CONTACT NOTIFIED:

Emergency Contact Name: _____ Date: ____/____/____ Time: ____ am/pm

_____ Employee Signature	_____ Date	_____ Supervisor's Signature	_____ Date
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PERSONNEL OFFICE USE ONLY:

Date Claim Reported: ____/____/____ Claim #: _____ Action: _____



SUPERVISOR'S REPORT OF ACCIDENT

SCHOOL DISTRICT INFORMATION

Flushing Community Schools

NAME OF SCHOOL DISTRICT

522 N. McKinley Rd., Flushing, MI 48433

MAILING ADDRESS

Work Comp

DIVISION

Building: _____

LOCATION

PHONE

EMPLOYEE INFORMATION

EMPLOYEE'S NAME: FIRST, MIDDLE, LAST

HOME ADDRESS

HOME PHONE

CELL PHONE

☐ MALE ☐ FEMALE

DATE OF BIRTH

GENDER

SOCIAL SECURITY NUMBER

OCCUPATION

DEPARTMENT

ACCIDENT INFORMATION

DATE OF ACCIDENT

TIME OF ACCIDENT

☐ A.M. ☐ P.M.

REGULAR WORK?

Describe injury: _____

Body part injured: _____

Witness info: _____

Fatality? ☐ YES ☐ NO

How did the accident happen? _____

Employment date: _____ How long on this job? _____

Detail all machine or equipment involved: _____

Specify activity employee was engaged in when accident occurred: _____

What safety words or safety equipment was in place? _____

What should be done to prevent repetition? _____

Has it been done? ☐ YES ☐ NO If not, give reason: _____

NAME OF PHYSICIAN

ADDRESS

NAME OF HOSPITAL

ADDRESS

SIGNATURES

SUPERVISOR'S SIGNATURE

DATE

REVIEWED BY

DATE



Flushing Community Schools

522 N. McKinley Road, Flushing, MI 48433

Phone: 810-591-1186

INITIAL AUTHORIZATION TO TREAT FORM

All additional treatments/services beyond first visit need approval from Comprehensive Risk Services, CRS

Employer: please complete this form and send with employee for work-related injury or Hepatitis B Vaccine Series.

Employee Information					
Name:				Date:	
Date of birth:		Social Security number:			
Location where accident/injury occurred:					
Date of injury:		Injured body part(s):			
Brief description of injury/accident:					
Employer Information					
Employer:					
Phone:		Fax:			
Address:					
Authorized signature:			Printed name & title:		
<i>The employer accepts responsibility and authorizes initial treatment, including diagnostic testing, for the employee listed above under a self-insured workers' compensation program managed by a third-party administrator. The employee is to be treated for injuries under the provisions of the Michigan Worker's Disability Compensation Act.</i>					
Billing Information					
Workers' compensation insurance/third-party administrator:					
Comprehensive Risk Services c/o Review Works					
Billing address:					
21500 Haggerty Road Suite 250 Northville, MI 48167					
Phone:		Fax:		Claim number:	
800-737-9875		248-344-8560			
All additional treatments/services beyond initial visit need approval from CRS. The employer, via CRS, will pay related and reasonable charges provided that these charges are accompanied by medical records submitted directly to CRS. The patient is financially responsible for all other services unless otherwise authorized.					
Authorized Medical Clinics and After-Hours Care					
Clinic	Address	City	Phone	Hours	Days
AMD Urgent Care	7070 Miller Rd.	Swartz Creek, 48473	810-564-7995, opt 3	9:00am-10:00pm 10:00am-10:00pm	Mon-Fri Sat-Sun
AMD Urgent Care	11307 N. Linden Rd.	Clio, 48420	810-564-7995, opt 2	10:00am-10:00pm	7 days / week
AMD Urgent Care	1451 N. Leroy St.	Fenton, 48430	810-564-7995, opt 6	10:00am-10:00pm	7 days / week
AMD Urgent Care	1477 S. State Rd.	Davison, 48423	810-564-7995, opt 5	10:00am-10:00pm	7 days / week
Convenient Urgent Care	6020 Pierson Rd.	Flushing, 48433	810-720-1200	8:30am-7:00pm 8:30am-5:00pm	Mon-Fri Sat-sun

AUTHORIZATION TO TREAT FORM

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District name: Flushing Community Schools		
Employee name:		
Medical Diagnosis <i>(to be completed by medical provider)</i>		
Injured body part(s):		
Medical diagnosis:		
Is condition work related? ☐ No ☐ Yes	Is employee able to return to work full duty? ☐ No ☐ Yes	Is employee fully disabled? ☐ No ☐ Yes
If unable to perform full duties, please specify restrictions:		
If employee is fully disabled, what is the estimated time away from work?		
Physician name (please print):		Phone:
Address:		
Physician's signature:		Date:
Date & time of next office visit:		
*****Please note ***** <i>All additional treatments/services beyond initial visit need approval from Comprehensive Risk Services. The patient is financially responsible for all other services unless otherwise authorized.</i>		

When completed, please fax both pages to:

Flushing Community Schools
Attn: Rebecca Fisher, Personnel Specialist
Fax: 810-591-0656
For questions, please call 810-591-1186