



Orange Township Public Schools



Employee Accident Report

Gerald Fitzhugh, II, Ed.D.
Superintendent of Schools

SCHOOL _____

Please use this to report all **employee** accidents and injuries. All incidents requiring medical treatment beyond the school nurse must be forwarded to the **Business Office** within 48 hours.

Please print clearly.

Incident Date: _____ **Time of Incident:** _____ **Report Date:** _____

How Reported: Phone In Person Other: _____

Name: _____ **Phone #** _____

Address: _____

Date of Birth: _____ **School:** _____

Exact Location of Incident: _____

Description of Incident: _____

Employee Signature _____

Witness Name: _____ **Phone #:** _____

Address: _____

Description of Injury: _____

Treatment of Injury by: School Nurse Only Doctor/Hospital/Medi-Center None

Treatment Given On-Site: _____

Nurse

Date

Principal/Administrator

Date

**I DO NO WISH TO SEEK MEDICAL ATTENTION
AT THIS TIME**

Employee Signature