



Orange Township Public Schools



Employee Accident Report

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

School: _____

Please use this form to report all employee accident and injuries. **All incidents** must be forwarded to the Business Office, Human Resources, and the Office of the Superintendent within 48 hours. Please print clearly.

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

Method of Report: Phone In Person Other _____

Name: _____ Phone Number: _____

Address: _____

Date of Birth: _____ School: _____

Exact Location of Incident: _____

Description of Incident: _____

Employee Signature: _____

Witness Name: _____

Phone Number: _____

Address: _____

Description of Injury: _____

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

Treatment Given On-Site: _____

Nurse

Date

Principal/Administrator

I DO NOT WISH TO SEEK MEDICAL ATTENTION AT THIS TIME _____

Employee Signature