

## STEWART COUNTY SCHOOL SYSTEM STUDENT ACCIDENT AND EMPLOYEE WORK COMP SUBMISSION FORM

NAME OF INJURED: \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_ TIME \_\_\_\_\_

STUDENT | GRADE \_\_\_\_\_ | DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ |  MALE  FEMALE

EMPLOYEE | OCCUPATION \_\_\_\_\_ | DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ |  MALE  FEMALE

SCHOOL WHERE INJURY OCCURRED

DOVER ELEMENTRY  NORTH STEWART  MIDDLE SCHOOL  HIGH SCHOOL  BUS  OTHER

AREA WHERE ACCIDENT OCCURRED \_\_\_\_\_

DESCRIPTION OF INJURY (SPECIFIC BODY PART(S) INJURED) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HOW ACCIDENT OCCURRED \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WITNESSES: \_\_\_\_\_

REPORTED TO ELLEN OSBORNE DATE FILED \_\_\_\_\_

REPORTED TO SILLS INSURANCE DATE FILED \_\_\_\_\_

REPORTED TO PARENTS DATE REPORTED \_\_\_\_\_

**SIGNATURE OF PERSON FILING REPORT** \_\_\_\_\_

EMPLOYEE/PARENT NAME \_\_\_\_\_

EMPLOYEE/PARENT ADDRESS \_\_\_\_\_

EMPLOYEE/PARENT PHONE NUMBER \_\_\_\_\_

**ADDITIONAL INFO** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_