Communities Connected *for* Kids

ACCIDENT REPORT/TREATMENT AUTHORIZATION

FORM MUST BE COMPLETED AND SUBMITTED TO HR WITHIN 24 HOURS OF INJURY!

TO BE COMPLETED BY EMPLOYEE (NO CONTRACTORS)

Employee Name _____ **Title**: _____ Last Four Digits of SS# _____
(***Please Print)***

Employee Date of Hire:_____ | ☐ **M** ☐ **F** | Employee Date of Birth: _____

Employee Home Street Address _____

_____ City _____ State: FL Zip _____

Employee Contact Phone Number(s): **HM** _____ **Cell** _____

Date AND Time of Injury: _____ CCKids Assigned Program/Unit _____

Exact Location of Injury:_____
(i.e., Unit #/Room/Outdoors/Parking Lot, etc.)

Body Part(s) injured (Right / Left):_____

Employee's description of incident: (give clear details):

_____

_____

_____

Print Witness's Names: _____

# of hours worked today when injury occurred? _____ # of hours worked this week when injury occurred? _____

Employee Signature:_____ **Date:**_____

Date You Notified Your Supervisor: _____

☐ **BBP EXPOSURE** ➔ **DID EMPLOYEE SEEK OFF-SITE TREATMENT? YES** ☐ **NO** ☐

*****EMPLOYEE MUST CHECK AT LEAST ONE OF THE ABOVE BOXES*****

SUPERVISOR'S INJURY CONFIRMATION REPORT FORM

Confirm Date AND Time of Injury: _____ **Confirm Exact Location of Injury (give details)**:_____

_____

Body Part(s) injured (Right / Left): _____

Other than injury date, did injured staff lose time away from work? Yes ☐ No ☐

If YES, beginning what date? _____

ALL MEDICAL INFORMATION, INCLUDING RESTRICTION/NON-RESTRICTION MUST BE REPORTED AND PAPERWORK PROVIDED TO HUMAN RESOURCE AS SOON AS POSSIBLE.

***** SUPERVISORS MUST SEND ALL DOCUMENTATION TO FLWCLOA@DEVEREUX.ORG REGARDING THE INJURED WORKER'S STATUS CHANGES (I.E. EMPLOYEE RETURNS TO WORK AFTER LOST TIME) *****

Staff Witness's Statements Attached: Yes ☐ No ☐ If No, PLEASE EXPLAIN_____

_____

Is there anything additional we need to be made aware of? _____

_____

Program Director Notified By: ☐ Email ☐ Phone Call ☐ Voice Mail ☐ Other:_____

Supervisor's Name (Print) _____ **Signature & Date:**_____

HR Use Only: ☐ Treatment ☐ First Aid Only

Insurance Carrier: Key Risk
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