

202.3A – Appendix – Accident / Injury Report - Employees

**Accident / Injury Report (Employees – Workers Compensation)**

School: \_\_\_\_\_

**Individual Injured**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Last First MI

Student \_\_\_\_\_, if so grade \_\_\_\_\_ Staff \_\_\_\_\_ Volunteer \_\_\_\_\_ Guest \_\_\_\_\_

**Injury Details**

Description of Injury  
(be specific)

Cause of Injury  
(be specific)

Part(s) of Body Injured \_\_\_\_\_

**Accident Details**

Time of Accident / Injury \_\_\_\_\_  
Date Day of Week Exact Time

Location of Accident (be specific) \_\_\_\_\_

Activity of Injured Person at Time  
of Accident / Injury (be specific)

Treatment Provided (be specific)

If student, Supervision at Time of Accident / Injury \_\_\_\_ yes \_\_\_\_ no (If yes, give name and title)

\_\_\_\_\_

**Parent / Insurance Notification**

Were the parents notified? \_\_\_\_ yes \_\_\_\_ no (If yes, by whom and date) \_\_\_\_\_

Was report made to Church Mutual Insurance Company (800.554.2642)? \_\_\_\_ yes \_\_\_\_ no

If yes, by whom and date? \_\_\_\_\_

**Signature**

Report prepared by (name and title) \_\_\_\_\_ Date of Report \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Keep original in school's accident file. Send a copy to Church Mutual Insurance Company: [claimsintake@churchmutual.com](mailto:claimsintake@churchmutual.com)**