

Policy Title:

Employee Health: Injury at Work

Code No. **402.10**

If an employee is injured at work, school personnel, or contracted personnel, may administer minor or emergency first aid. If necessary, a member of the family shall be notified or the employee shall be transported to a medical facility. Each employee shall maintain an up-to-date emergency medical form on file in the building office.

If possible, the employee or a person on behalf of the employee shall file an accident report with the District within 24 hours of the occurrence. It shall be the responsibility of the employee to cooperate with any investigation into the occurrence.

Date of Adoption: September 22, 2008

Date of Revision: May 13, 2013
August 8, 2016

EMPLOYEE EMERGENCY MEDICAL FORM

Date Completed: _____

Name of Employee: _____

Primary Address: _____

Cell Telephone: () _____ Primary Telephone: () _____

Physician's Name: _____

Address: _____

Telephone :() _____

Preferred Hospital: _____

Address: _____

Telephone: () _____

Contact in Case of Emergency:

Name: _____

Address: _____

Cell Telephone: () _____ Primary Telephone: () _____

Business Address: _____

Business Telephone: () _____

Allergies or information to be shared in case of emergency: _____
