

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.

It is the responsibility of the employee injured on the job to report the injury to the Superintendent or designee as soon as reasonably practicable. 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  
August 8, 2022

**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: \_\_\_\_\_

\_\_\_\_\_  
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