

**SAU 21- H. Falls, N. Hampton, Seabrook, S. Hampton, Winnacunnet
2 Alumni Drive, Hampton, NH 03842**

Notice of Accidental Injury or Occupational Disease

Please complete in full and submit to the building administrator the day injury occurs; within 24 hours the completed form must be submitted to the SAU 21 Office. Please retain a copy for your records.

Name of Injured: _____

FIRST

M.I.

LAST NAME

DOB _____

SCHOOL NAME _____

Home Address _____

Home phone # () _____ - _____

School District _____ Position _____

Date of accident _____ Time of accident _____

Location of accident _____

Description/nature of injury:

Describe what you were doing at the time of the accident _____

Hazards or unsafe conditions which existed at the time of the accident _____

Name and address of witness(es) _____

Relative to an occupational disease while employed, please describe when you were first treated by a health care provider _____

How treated _____

Name and address of health care provider _____

Name and address of hospital _____

Signature of Employee

Date

Signature of Supervisor

Date

Date disability began, if any _____

Probable length of disability _____

Please contact Sandra Kane at the SAU 21 H.R. Office, (603-926-8992 Ext. 110 or skane@sau21.org), to obtain insurance and worker's compensation information if you will be receiving medical attention from a doctor or hospital.