BOARD OF COOPERATIVE EDUCATIONAL SERVICES
SOLE SUPERVISORY DISTRICT
FRANKLIN-ESSEX-HAMILTON COUNTIES

EMPLOYEE/VOLUNTEER ACCIDENT REPORT

INSTRUCTIONS TO INJURED EMPLOYEE/VOLUNTEER: This form MUST be completed to report all accidents involving any EMPLOYEE/VOLUNTEER in any BOCES program, class or other activity. Accidents involving participants traveling to and from such programs must also be reported. **Completed form must be submitted to an Administrator/Supervisor as soon as possible.**

Name of Injured Person: ______________________________

Phone # : (______)______________________ Sex : M ☐ F ☐ DOB : ______/______/______

Address: ______________________________

Date of Accident: ______/______/______ Time: ______________ *AM/PM* Date Hired: ______/______/______

Name of Administrator/Supervisor Notified: ______________________________

Location of Accident:______________________________ On BOCES Premises: Yes ☐ No ☐

Description of Accident & Cause:______________________________

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Description of Injury: ______________________Activity Engaged In:______________________

Witness of Accident: ______________________Time Employee Began Work:______________________

Name of Physician or Other Health Care Professional: ______________________________

Occupation: ______________________________

Have you had any prior injuries? ______ If so, when and what:______________________________

____

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Did you lose any time for any previous injuries? _____ If YES, when?:______________________________

Program: ☐ Adult Education ☐ Alternative Education ☐ CTE ☐ GED ☐ Special Education ☐ Other____________

Action Taken – *check and describe all that apply:*

☐ No Action Taken

☐ First Aid Treatment: ______________________Rendered By:______________________

☐ Sent to School Nurse (Name): ______________________________ Date: ______/______/______

☐ Sent to Hospital (Name): ______________________________ Date: ______/______/______

☐ Referred to a Physician (Name): ______________________________ Date: ______/______/______

Injured Person's Signature: ______________________________ Date:____________________

Administrator/Supervisor Signature: ______________________________ Date:____________________

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