

HAMBURG SCHOOL DISTRICT

30 Linwood Avenue
Hamburg, New Jersey 07419

EMPLOYEE ACCIDENT REPORT

Whenever a pupil is injured in the school building, on school grounds or at any other place or time under school supervision, and responsibility, this report is to be filled out by the teacher in charge and by the school nurse.

Section A: Completed by Employee

Employee Name _____ Address _____

Position _____ Date of Accident _____

Date and Time of Accident _____

Location of Accident _____

Description of Accident _____

Date of Report _____

Signature of Employee

Section B: Completed by Nurse

Extent of Injury _____

Medical Procedure Followed _____

Parent Contact (date and time) _____

Date of Report _____

Signature of Nurse

Follow-up _____

- ____ Employee stayed in school
____ Employee was sent or taken home
____ Employee was sent or taken to doctor or hospital

QUALCARE Workers' Compensation
Network

Name

Employer

IF YOU GET HURT ON THE JOB

- TELL YOUR EMPLOYER IMMEDIATELY OR CALL QUALCARE AT 1-800-425-3222
- DO NOT GO TO YOUR OWN PRIVATE DOCTOR OR CHIROPRACTOR.
- IN CASE OF AN EMERGENCY, GO TO THE NEAREST HOSPITAL OR MEDICAL FACILITY AND THEN TELL YOUR EMPLOYER AND QUALCARE WITHIN 24 HOURS.
- PRESENT THIS CARD TO THE ADMITTING OFFICE OR DOCTOR'S OFFICE AT THE TIME OF REGISTRATION.

Provider Instructions:

- PRE-CERTIFICATION IS REQUIRED PRIOR TO TREATMENT
- Call QualCare at 1-800-425-3222 for approval
- SUBMIT ALL BILLS TO:
QualCare, Inc.
P.O. Box 309
Piscataway, NJ 08855-0309
Attn: Workers' Compensation Claims Dept.



JordanReses
Prescription Management Services

Name: _____ Date: ____/____/____

SS# (Member ID): _____

Bin Number#: 600518 Group #: 30011022

Authorized Administrator: QualCare – 800.425.3222

Eligibility and Drug Coverage Inquiries: 800.848.4050

*** First Fill maximum 5 day supply ***