

# Camden County Schools

## Report of Injury or Illness

*To be completed by School Nurse*

Name of Injured Person:			
Date of Injury:		Time of Injury:	
School Name:		Injured Person's Phone No.:	
Injured Person's Address:			
Job Title:		DOB:	
Date Form Completed:		Form Filled Out By:	

*Description of the accident: How did it happen? Why did the accident occur?*

Accident Details:	
Nature of Injury:	
Part(s) of Body Injured:	
List Any Witnesses:	

*To be completed by person giving treatment or assistance:*

Immediate Action Taken:	
Name of Physician:	
Name of Hospital:	
Name of Urgent Care:	
Additional Remarks:	
Form Filled out By:	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send Report to:

Amy Burnham, Benefits Specialist/HR Assistant

Email: [aburnham@camden.k12.nc.us](mailto:aburnham@camden.k12.nc.us)

Phone: (252) 335-0831, ext. 100

Fax: (252) 331-2300