

**SAU 21- H. Falls, N. Hampton, Seabrook, S. Hampton, and 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:

Employee Signature/Date

Supervisor Signature/Date

Please contact Lana Mounsey at the SAU 21 H.R. office at (603) 926-8992 x 110 or lmounsey@sau21.org to obtain insurance and worker's compensation information if you will be receiving medical attention from a doctor or hospital.