



Form #'s are located on the bottom right corner of page of Worker's Comp packet. Print complete packet and only return the Forms that apply to your injury as outlined below.

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STEP ONE - REPORT

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615

-442-8262

IF ADDITIONAL MEDICAL TREATMENT IS REQUIRED, STOP HERE!

\*\*\*If Additional Medical Treatment Is Required, Complete All Forms 1 and steps Two through Six below

IF treated in the Emergency Room SUPERVISOR MUST contact Human Resources immediately.

Drug Screening MUST BE DISPATCHED

If after hours are outside of 8AM 4:30PM call 615-67-1012 immediately.

STEP TWO- MEDICAL TREATMENT IS REQUIRED CHOOSE PHYSICIAN AND RETURN DOCUMENTS

Form #5 Employee's Choice of Physician  
Choose an authorized treating physician

NOTE\* Clinics on panel are URGENT CARE clinics and ~~have~~ availability.  
ONE TO ONE is NOT an authorizing treating physician.

Injured employee must return the below forms for treatment of injury:

- x Form #1 First Report of Injury Workers Compensation
- x Form #2 Authorization for Release of Information
- x Form #3 Medical Waiver and Consent
- x Form #4 Acknowledgement Form Law
- x Form #5 Employee's Choice of Physician

Forms must be faxed to ~~6~~ Catrina Curd 615-442-8262 or email  
catrina.curd@sumnerschools.org within 24 hours of the date of the injury.

If injury happens on weekend, documents must be submitted immediately the  
Monday after the incident.

STEP THREE Letter of treatment to Physician or Letter of treatment to Hospital  
Employee will provide the chosen authorized treating physician or hospital  
with the below form identifying a work related injury. Take forms to the  
physician or hospital for authorization of treatment.

Form #6 Letter of Introduction to the Physician Form  
OR  
Form #7 Letter of Introduction to the Hospital

STEP FOUR- POST ACCIDENT DRUG AND ALCOHOL TEST WHILE BEING TREATED

\*\*\*All physicians' clinics perform the necessary drug screen at initial visit.

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