GREENVILLE COUNTY
SCHOOLS
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Workers' Compensation
Reporting Procedures for Coaches

If a coach suffers a work-related injury or illness, he/she must follow the procedures outlined below. For additional information or questions, ask your supervisor or visit the Greenville County Schools Workers' Compensation website at www.gcswc.us. Volunteer Athletic Coaches are not eligible for Workers' Compensation Benefits.

1. Report your injury/accident immediately to your supervisor. (Workers' Compensation statutes dictate that an employee must report work related injury/accidents to their employer immediately and request medical treatment, if needed, or you may lose your benefits, your supervisor is the District's designated representative.) The team's Head Coach or School Athletic Director is your supervisor.
2. If you are in need of medical treatment, your supervisor will call to schedule an appointment at one of the District's Designated Medical Facilities per Workers' Compensation law; you must get medical treatment from a doctor designated by your employer or you may forfeit workers' compensation benefits.
3. **If you require medical attention after normal business hours, please call (864) 449-1708.**
4. Complete the Employee Injury Report form (page 2) and give it to your supervisor or your school's safety administrator within 24 hours of the injury/accident or by the next business day.
5. Return all doctors notes/forms to your supervisor or your school's safety administrator by the next work day. Notify your supervisor of any follow-up medical appointments relating to the injury/accident.
6. Complete mandatory safety re-training course(s) as directed; check with Supervisor.
7. **Prescriptions for medications - go to any Walgreen's or BI-LO Pharmacy, inform the pharmacist that you are a Greenville County Schools employee filing a workers' compensation claim filed through EXPRESS-SCRIPTS,**
   Group # KVRA, BIN# 03858, PCN# A4, Your temporary ID # is your SSN.

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Workers' Compensation

Employee Injury/Accident Report

Note: Please print or type. Answer each question completely. Missing, incomplete or illegible information may delay the processing of your claim. Please give this form to your immediate supervisor within 24 hours after the reported injury.

Employee Name: _____ SS Number (Required):_____

Employee Home Address: _____

Home Telephone Number: _____Work Telephone Number:_____

Date of Birth: _____ Married ☐ Single ☐ Gender: Male ☐ Female ☐

Hire Date: _____ Occupation: _____

Date of Injury: _____ Time of Injury: _____

School/Location: _____ Department Name: _____

Supervisor's Name: _____Supervisor's Phone: _____

Place of Injury (if different from work location) : _____What time did you start work? _____

What date did you report this injury/accident to your supervisor? _____

Did you receive treatment at a medical facility for this injury? ☐ yes ☐ no

If yes, check the name of the medical facility below.

- ☐ St. Francis Hospital/Work Well Occupational Health
- ☐ Greenville Hospital System, Center for Occupational Health
- ☐ Other _____

If no, state type of treatment received: _____

Explain how the injury/accident happened. (State what part of the body was injured, left, right, upper, lower)

_____

_____

_____

Who saw the injury happen? (Give name and phone number)

_____

_____

I certify that the above statements are true and accurate. I authorize the treating physician to release information relating to this injury to Greenville County Schools and PMA Management Group. I understand that the filling of this claim does not guarantee payment of medical treatment or lost wages. If my claim is denied, I understand that I will be responsible for all charges for medical treatment. I also understand that any claim for lost time from work must be supported in writing by a physician from the designated medical facility authorized in accordance with Greenville County Schools workers' compensation procedures.

Employee Signature _____ Date _____