

# MPS WorkRelated Injury /Illness Program

\*\*\*\*REPORT ALL WORK RELATED INJURIES WITHIN 24 HOURS OF INCIDENT\*\*\*\*

Millard Public Schools strives to ensure a safe working environment for all employees. However, occasionally j injuries do occur. If you are injured while at work please follow the directions in this packet. The work injury packet provides steps, requirements, and procedures that you will need to follow throughout the recovery process. A quick flow of the process and your responsibilities is listed here.

- x Know and follow safety policies and procedures
- x Report any injury immediately to your supervisor so they can start the .6 (o)-0.98(o)-0.98M5p00 (e)7u does

plete and sign

4 (i-02 2 (it4.3 )ial)17 (t) v5.9 5enee 6nt 7 (w5J 0.0c 0 Tw -39.217dTd [(l)-T /T.00414272d00-1Tw 1.0.293 Td [(l)u0-0 ( )p).8 ( s)

4.3 g02 (t) d02 2 (o)3 (i)cT-1 (e)t4.3 6n

4 (-67 ( )v)-2 ( )e3.3 (n)- inn su do0.8 (e)n'3.3 e-67 6 k4.3 (t) m-6.3 (n)dical at4.3 (e)-5.9 nn sn)TJ 0.C /LBody <</MCID 14 8>

Human Resources  
Don Stroh Administration Center  
5606 S. 147 Street, Omaha, NE 68137

Phone 402-715-6111  
FAX 402-715-6100  
email: (u o r Á @mpssha.org

## MPSSentry Work Injury Treatment Authorization Form

\_\_\_\_\_  
(Date of Report)

To Doctor \_\_\_\_\_  
INSERT NAME

SUBJECT: MPS Employee work related injury medical treatment. Our employee has claimed an on-the-job injury or work-related illness and selected you as the Health Care Provider. Please note that he or she is an employee of the Millard Public Schools and all paperwork and processing should be handled according to the district's Work Comp Provider is Sentry Insurance.

Our Employee \_\_\_\_\_ claims an  
NAME OF INJURED

injury while in our employment on \_\_\_\_\_  
(Date of Injury)

Please provide medical attention and report condition to Sentry Insurance at once. If the injury is not the result of employment, this authorization shall apply only as a request for an examination and report at the expense of Sentry Claims Service.

### NOTICE TO DOCTOR

ATTACH THIS AUTHORIZATION  
TO YOUR FIRST REPORT AND  
FORWARD OR FAX PROMPTLY TO  
SENTRY CLAIMS SERVICE  
PO BOX 8032  
STEVENS POINT, WISCONSIN 54481  
FAX #800-999-4642

### EMPLOYER CONTACT INFORMATION

MILLARD PUBLIC SCHOOLS, WORKER'S COMPENSATION  
Don Stroh Administration Center Attn. , μ u Z / • } μ Œ •  
5606 S. 147 Street  
Omaha, NE 68137

All claim information should be given to the employee to carry to  
back to the employer. Please fax a Return to Work Form within 24  
hours of the appointment to 402-715-6100 (u o r Á ) u % • } u Z X } Œ P

Please make a copy of this form and provide to the injured employee.

Millard is able to provide a wide variety of light duty or sedentary work for employees who are unable to return to their regular duties. This light duty will be in accordance with your written recommendations and can be as light as answering telephones. In view of this policy, we would appreciate your response as to what light duty this employee can perform. We make every effort to accommodate ALL employee work restrictions. If you feel the employee cannot perform any type of work, please send us a prognosis of when return to work may be possible in either a limited or full capacity.