

Please use only a BLACK pen when filling out the injury report.



MASSACHUSETTS EDUCATION & GOVERNMENT ASSOCIATION WORKERS' COMPENSATION GROUP, LLC

REPORT INJURY WITHIN 24 HOURS

Employer (check one) ___ Town of Natick ___ School Department Employee ID # _____ MEGA Loc. # X34
Employee's Name _____ DOB _____ Date of Hire _____
Address _____ City/Town _____
State _____ Zip Code _____ Last 4 Social Security # _____ Home Phone # _____
Cell Phone # _____ Department _____ School Name _____
Location of Injury _____ Job Title _____ Rate of Pay \$ _____
Date of Incident _____ Time _____ Type of Injury (strain, laceration, etc.) _____
Body Part _____ Describe what happened _____

Name of Witness (es) _____ Job Title _____
To whom was accident/incident reported to? _____ Date Reported _____
Was medical attention sought? Yes ___ No ___ If so, where? _____

Information Release

I hereby authorize Massachusetts Education and Government Association Property & Casualty Group, Inc. (MEGA), or any of its representatives to be furnished any information and facts regarding medical services rendered to me by any medical provider, including reports/records, results of diagnosis, treatment and prognosis, estimates of disability and recommendations for further treatment. This information is to be used for the purpose of evaluating and handling my claim for injury as a result of an incident occurring on or about the above indicated date of injury and for no other purpose, now or in the future.

Employee Signature _____ Date _____

Department Head/Principal Name (PRINT) _____ Comments _____

Department Head/Principal Signature _____ Date _____

Please submit the completed form to:
Sarah Farrar, Human Resources Department, Town Hall
13 East Central St. Natick, MA 01760
(p) 508-647-6469 (f) 508-647-6401
sfarrar@natickma.org

*You can always find the latest version of the injury report on the Town's Human Resources website or at the link below. This form is a pdf fillable document.
http://natickma.gov/DocumentCenter/Home/View/1957