Brighton Area Schools are committed to providing a safe working environment for all employees. Accident and injury prevention are our main goal, but if you are injured while on the job, we want to make sure you receive the care needed to get well again.

We've partnered with Concentra to ensure quality medical treatment and a smooth process for workers' compensation claims.

All employees should be familiar with the steps necessary to seek treatment for injuries occurring at work. Our procedure is listed below.

WHEN AN EMPLOYEE IS INJURED

1. All injuries must be reported to an administrator
2. In an emergency situation, or in doubt, call 911
3. If it's not an emergency, employee immediately completes Employee's Report of Injury form
4. If the employee is unable to complete the basic injury report, the administrator can complete it on their behalf
5. Within 24 hours, the administrator emails the completed Employee's Report of Injury and Supervisor's Report of Accident forms to Rachel Crawford at crawfordr@brightonk12.com.
6. The administrator will provide the employee with a signed initial Authorization for Treatment form. Employees MUST take this form to Concentra for initial treatment
7. After the clinic visit, employees should provide a hard copy of the clinic's activity status report to their administrator
8. Concentra will work with BAS to ensure quality of care and approve future visits and prescribed treatments, including physical therapy, diagnostic tests and specialist referrals
9. Rachel Crawford will work with employee's administrator and Human Resources on restricted work options

Any questions concerning work injuries or workers' compensation coverage may be directed to:
Rachel Crawford | Fringe Benefits Specialist
Phone: 810.299.4476
Email: crawfordr@brightonk12.com

Concentra

Telemed Option:
https://www.concentrateleme d.com/ui/login/login?practice= injurycarec

Brighton
7960 West Grand River Rd , Ste. 100
Brighton, MI 48114

Phone: 810.225.9800

Ann Arbor
3131 S State St
Ann Arbor, MI 48108

Phone: 734.213.6285

Novi
42875 Grand River Avenue , Ste. 101
Novi, MI 48375

Phone: 248.478.1616

Livonia
34095 Plymouth Rd
Livonia, MI 48150

Phone: 734.513.2000

Detroit I-96
28196 Schoolcraft Rd
Livonia, MI 48150

Phone: 734.425.4600

Airport Romulus
10912 Wayne Road
Romulus, MI 48174

Phone: 734.955.7000

Southfield
26185 Greenfield Rd
Southfield, MI 48075

Phone: 248.569.2040

Auburn Hills
4403 Interpark Dr.
Auburn Hills, MI 48326

Phone: 248.276.3999

Troy
627 E Maple Rd , Ste. 200
Troy, MI 48083

Phone: 248.524.1912

Allen Park
17500 Federal Dr , Ste. 750
Allen Park, MI 48101

Phone: 313.982.1370

Woodhaven
19200 West Road
Woodhaven, MI 48183

Phone: 734.287.3415

Sterling Heights
39333 Van Dyke Ave
Sterling Heights, MI 48313

Phone: 586.977.1510

Warren
11569 E 12 Mile Rd
Warren, MI 48093

Phone: 586.582.0018

Downtown Detroit
2630 East Jefferson Ave.
Detroit, MI 48207

Phone: 313.259.7990

Fraser
33089 Groesbeck Hwy
Fraser, MI 48026

Phone: 586.296.2800

Chesterfield
50110 Gratiot Ave
Chesterfield, MI 48051

Phone: 586.949.6336

Kentwood
436 44th St SE , Ste. A
Grand Rapids, MI 49548

Phone: 616.531.9750

Alpine
2331 Alpine Ave. NW
Grand Rapids, MI 49544

Phone: 616.785.2619

Holland MI
335 North 120th Ave
Holland , MI 49424

Phone: 616.392.5222

EMPLOYEE'S REPORT OF INJURY

EMPLOYEE DATA

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ GENDER _____

FULL NAME _____ PHONE _____

ADDRESS _____ WORK LOCATION _____

INJURY/MEDICAL DATA

LOSS DATE _____ DATE EMPLOYER NOTIFIED BY EMPLOYEE _____

WORKSITE LOCATION OF INJURY _____

TIME EMPLOYEE BEGAN WORK _____ TIME OF EVENT _____

Is the employee seasonal? ❍ YES ❍ NO

Did the employee die? ❍ YES ❍ NO

Will the employee miss more than 7 days of work? ❍ YES ❍ NO

How did the injury occur? _____

_____

BODY PART(S) INJURED _____

OCCUPATIONAL AND WAGE DATA

OCCUPATION _____ HIRE DATE _____

Pay rate: _____ ❍ HOURLY ❍ SALARY

Was medical treatment sought? ❍ YES ❍ NO

Where was medical treatment sought? _____

PREPARER INFORMATION

FULL NAME _____ PHONE _____

EMAIL _____ COMPANY NAME _____

SIGNATURE

SIGNATURE _____ DATE _____ CLAIM # _____

SUPERVISOR'S REPORT OF ACCIDENT

SCHOOL DISTRICT INFORMATION

Brighton Area Schools
NAME OF SCHOOL DISTRICT

125 S. Church St. Brighton, MI 48116
MAILING ADDRESS

DEPARTMENT

LOCATION

810.299.4476
PHONE

EMPLOYEE DATA

FULL NAME

HOME PHONE/CELL

HOME ADDRESS

LOCATION

INJURY/MEDICAL DATA

LOSS DATE

DATE EMPLOYER NOTIFIED BY EMPLOYEE

WORKSITE LOCATION OF INJURY

TIME EMPLOYEE BEGAN WORK

TIME OF EVENT

Is the employee seasonal? ❍ YES ❍ NO

Did the employee die? ❍ YES ❍ NO

Will the employee miss more than 7 days of work? ❍ YES ❍ NO

How did the injury occur? _____

WITNESS INFO

BODY PART(S) INJURED

LAST DAY EMPLOYEE REPORTED TO WORK

OCCUPATIONAL AND WAGE DATA

OCCUPATION

HIRE DATE

Was employee a volunteer worker? ❍ YES ❍ NO

Did injury occur outside the US? ❍ YES ❍ NO

PREPARER INFORMATION

FULL NAME

PHONE

EMAIL

DISTRICT NAME

SIGNATURES

SUPERVISOR'S SIGNATURE

DATE

REVIEWED BY

DATE

8/2025

Authority for Treatment

TO: Doctor Concerta Date:

Patient Name: Date of Birth:

Employer: Street Address:

Date of Injury: **Nature of Injury:**

Instructions/comments:

Authorized By:

Title:

Phone: ( )

Date:

Billing :

Comprehensive Risk Services
c/o Review Works
21500 Haggerty Road, Suite 250
Northville, MI 48167

DOCTOR: PLEASE SEND EMPLOYEE WITH WRITTEN DISABILITY STATUS AS IT RELATES TO THE ALLEGED WORK INJURY. PLEASE INCLUDE THE DIAGNOSIS AND WHETHER THE EMPLOYEE IS ABLE TO RETURN TO FULL DUTY OR RESTRICTED DUTY WORK. PLEASE DOCUMENT ALL MEDICAL RESTRICTIONS.