



Belding Area Schools

The right size. The right choice.

REFUSAL OF TREATMENT FOR INJURY

I acknowledge I have been injured and have completed an injury report. I have decided to decline any medical attention at this time. Should I decide to seek medical attention related to this injury at a later date, I will contact the Central Office to complete additional paperwork and to be informed of the correct procedure to follow.

Employee Name _____

Date of Injury _____

Nature of Injury _____

Names and Phone numbers of Witnesses _____

Date of Report _____ By _____

Employee Signature

**RETURN COMPLETED FORM TO THE CENTRAL OFFICE

ATTENTION: DANICA

IF YOU HAVE ANY QUESTIONS, PLEASE CALL CENTRAL OFFICE AT 794-4715

Belding Area Schools

850 Hall Street
Belding, MI 48809
616.794.4700

www.bas-k12.org

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Home of the Black Knights