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| Treatment measures | First aid was started _____ what kind of first aid was given _____ time _____ at <input type="checkbox"/> day-care place <input type="checkbox"/> school / educational institution <input type="checkbox"/> health center <input type="checkbox"/> hospital <input type="checkbox"/> school's dental clinic <input type="checkbox"/> private health center Referral from city's health center <input type="checkbox"/> yes <input type="checkbox"/> no Compensation is applied for on the basis of private accident insurance <input type="checkbox"/> yes <input type="checkbox"/> no |
| | Further treatment _____ |
| | Time _____ date _____ time _____ |
| Treatment-related transportation costs | First-aid-related transportation to the place of further care Vehicle _____ Mileage (when applying for compensation for use of own car) _____ Route _____ |
| | Compensations are applied for <input type="checkbox"/> medicines and medical articles prescribed by the doctor _____ € <input type="checkbox"/> repair of glasses or acquisition of new corresponding glasses in case of accidents requiring medical treatment. (In case of glasses that cannot be repaired, they shall be delivered to the Education Department with the account of the accident.) _____ € <input type="checkbox"/> clothes damaged when giving first aid (medical personnel's certificate is required for eligibility for compensations) _____ € <input type="checkbox"/> other, what _____ € |
| Appendixes | <input type="checkbox"/> Invoice(s) <input type="checkbox"/> Original receipts for expenses paid <input type="checkbox"/> Doctor's certificate / dentist's report <input type="checkbox"/> Taxi cards and receipts for the travels <input type="checkbox"/> other, what |
| Date and signatures | Date _____ |
| | Signature by guardian / student _____ Signature by witness to the accident / recess supervisor / director / principal _____ |