

FAX COVER SHEET SAMPLE FOR STUDENT INJURIES REPORT

(For use when sending Workers' Compensation Board reports of student injuries.)

FROM

School: _____

Contact Person: _____

Fax: _____

Telephone: _____

TO

Workers' Compensation Board
Fax: 780-427-5863

Alberta Learning (Dr. Michael Alpern)
Fax: 780-422-0576

STUDENT PLACEMENT INFORMATION

Company Name: _____

Address: _____

Workplace Supervisor: _____

Other Information

