

## 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_