



# JACKSON COUNTY PUBLIC SCHOOLS

**Dr. Dana Ayers, Superintendent**  
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## SELF DIRECT FORM

Date: \_\_\_\_\_

School: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

I, \_\_\_\_\_, employee of Jackson County Public Schools, was injured on the job and am opting to: (please check one of the following)

\_\_\_\_\_ Not seek medical treatment at this time, and I understand my work related injury will be treated as an incident report only. But if my injury worsens, I understand I am required to contact the bookkeeper and follow the worker's compensation procedures of Jackson County Public Schools if I wish Worker's Compensation to cover my injury.

\_\_\_\_\_ Self-direct my own medical care and refuse to adhere Jackson County Public Schools Worker's Compensation Procedures and the procedures of Worker's Compensation carrier(s). I assume personal financial responsibility for all unauthorized medical services rendered to me for my work-related accident.

\_\_\_\_\_ I was not injured in the scope of employment with Jackson County Public Schools. I advise that the injury I have is an ongoing injury; I will therefore not be filing worker's compensation through Jackson County Public Schools for my injury.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

Revised 1-8-18