Fill in <u>all blanks</u> & send to Central Office *immediately*

Butts County Schools Report of Employee Accident

For Central Office Use Only Emp. Date:

Daily Rate:

Full Name:	Address:	Zip Code:
	City/State	
Phone Number:	Date of Birth:Social	Security Number:
School:		
Time Workday Begins:	a.m. p.m. (circle one) Hours	worked per day:
Date of Accident:	Time of Accidenta.m.	p.m. (circle one)
Description of Accident (<i>include which</i>	h body part injured and whether left or right side	<u>}</u>):
Initial Treatment:		
(Employee must present Physicians Au	oved Workers' Compensation Physician Panel): uthorization to Treat form to panel physician at a Medical Network Card from central office to pr	time of treatment and if the physician writes a
Hospital (if applicable):		
If the employee chooses not to seek m <i>Treatment</i> form.	nedical treatment at the time of injury, he/she	<u>must</u> complete the <i>Refusal of Medical</i>
If the employee chooses to seek medical treatment at a later date, he/she must obtain a <i>Physicians Authorization to Treat</i> form to present to the panel physician at the time of treatment.		
	rs' Compensation to cover the cost of my injury, v. I also understand that if I choose not to be transponsible for payment.	
Employee Signature:	Date:	
Supervisor's Signature:	Date:	
Workers' Compensation Physician Panel		
Dr. Shashi Madan 135 N. Oak St. Jackson, GA 30233 770-775-7675 Family Medical Center 1657 North Expressway Griffin GA 30223 770-228-2641	Aylo 1502 W. Third St., Jackson, GA 30233 678-774-0430 Caduceus Occupational Medicine 414 Hwy 155 South #15 McDonough GA 30253 678-902-0477	OrthoAtlanta 1240 Eagles Landing Parkway Suite 300
Georgia Ophthalmologist 860 W. 3 rd St Jackson GA 30233 770-775-1234		Stockbridge GA. 30281 770-506-4350 11/2023