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 Accident	a.m. p.m. (circle one)
Description of Accident (<i>include wh</i>	nich body part injured and whether left or rig	<i>ht side</i>):
Initial Treatment:		
(Employee must present Physicians	Authorization to Treat form to panel physic	Panel):
Hospital (if applicable):		
If the employee chooses not to see <i>Treatment</i> form.	k medical 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.		
	low. I also understand that if I choose not t	injury, I must choose one of the approved Workers' o be treated by one of the approved Workers'
Employee Signature:	-	Date:
Supervisor's Signature:		Date:
	Workers' Compensation Ph	
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, 6 30233 678-774-0430 Caduceus Occupational Me 414 Hwy 155 South #15 McDonough GA 30253 678-902-0477	145 Medical Blvd. Stockbridge, GA 30281 770-389-8386 8/04/17
Georgia Ophthalmologist 860 W. 3 rd St Jackson GA 30233 770-775-1234		Suite 300 Stockbridge GA. 30281 770-506-4350 01/2023