Tallapoosa County Board of Education ACCIDENT REPORT FORM

| Name of Injured | | _ School/Location _ | | | |
|--|------------------------|---------------------|------------------------------|--|--|
| Student (Grade) Ce | ertified Staff [| Support Staff | Position (staff) | | |
| Home Address | | | Telephone | | |
| Parent/Guardian (if applicable) | | | | | |
| Date/Time of Accident | | | | | |
| Type of Injury (be specific; use back if nec | cessary) | | | | |
| Complete statement of how the accide | | | | | |
| If accident occurred on a machine, wer | | | | | |
| Names of two eyewitnesses to accider | nt: | | | | |
| Name | Address | | | | |
| Name | Address | | | | |
| Who rendered first aid? | | Posit | tion | | |
| Where was the injured person sent? | ☐ Back to class ☐ Home | s/job \square | Private physician ☐ Hospital | | |
| Name and address of doctor or hospita | al that gave treat | ment at the individ | ual's expense: | | |
| Signature of Teacher/Employee | | | Date | | |
| Signature of Principal/Supervisor | | | Date | | |

The Tallapoosa County Board of Education does not utilize Workmen's Compensation Insurance. Any claims for injuries sustained in the performance of job responsibilities should be submitted to the Alabama State Board of Adjustment on a Claim for Personal Injury Form. The form and instructions are available online at www.bdadj.alabama.gov and tallapoosak12.org.