

Elmore County Board of Education
ACCIDENT REPORT FORM

Name of Injured _____ School/Location _____

Student (Grade _____) Certified Staff Support Staff Position (staff) _____

Home Address _____ Telephone _____

Parent/Guardian (if applicable) _____

Date/Time of Accident _____

Type of Injury (be specific; use back if necessary) _____

Complete statement of how the accident happened _____

If accident occurred on a machine, were guards in place? _____

Names of two eyewitnesses to accident:

Name	Address
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Name	Address
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Who rendered first aid? _____ Position _____

Where was the injured person sent? Back to class/job Private physician
 Home Hospital

Name and address of doctor or hospital that gave treatment at the individual's expense:

Signature of Teacher/Employee _____ Date _____

Signature of Principal/Supervisor _____ Date _____

The Elmore 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 www.elmoreco.com.