

**COMMUNITY HIGH SCHOOL DISTRICT #115
LAKE FOREST, ILLINOIS**

FOR OFFICE USE ONLY

Does student have school accident insurance? YES
 NO
Date Claim Applied For _____

ACCIDENT/INCIDENT REPORT FORM

STUDENT NAME _____ SEX M F AGE _____ YEAR _____

TIME ACCIDENT OCCURRED Date _____ Time _____ TIME ACCIDENT REPORTED Date _____ Time _____

ACCIDENT JURISDICTION (Check one)
School: Grounds _____ Building _____ To or From _____ Other Activities Not On
Non-School: Home _____ Other _____ School Property _____

LOCATION OF ACCIDENT (Be specific) _____

ACTIVITY OF PERSON (Be specific) _____

PART OF BODY INJURED _____

CAUSE OF INJURY _____

ACTION TAKEN Sent to Athletic Trainer Date _____ Time _____
 First Aid Administered Sent to School Nurse Parent Notified Referred to Doctor
Date _____ Time _____ Date _____ Time _____
Define Action _____

DESCRIPTION (Give further details of accident, if necessary) _____

FOLLOW-UP (Describe result of injury) _____

WITNESSES _____

DID ACCIDENT HAPPEN WHILE UNDER THE SUPERVISION OF A TEACHER OR OTHER SCHOOL OFFICIAL? YES
 NO
(If yes, give name) _____

DATE OF REPORT _____ SIGNATURE OF PERSON MAKING REPORT _____

IMPORTANT – FORWARD ALL COPIES OF COMPLETED REPORT TO NURSE’S OFFICE

- Athletic Office (2)
- Business Office
- Assoc. Principal
- Principal
- Dean
- _____