

# TOWNSHIP HIGH SCHOOL DISTRICT 214 INCIDENT REPORT

Complete this form and return it to the school nurse or your supervisor within 24 hours.

Student

Employee

Visitor

1. Name \_\_\_\_\_ ID# or SS# \_\_\_\_\_

2. Address \_\_\_\_\_  
(street) (city) (state) (zip)

3. Parent/Guardian Name \_\_\_\_\_ 4. Home phone # \_\_\_\_\_

5. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 6. Sex: M  F

7. Building where incident occurred:

BGHS  EGHS  JHHS  PHS

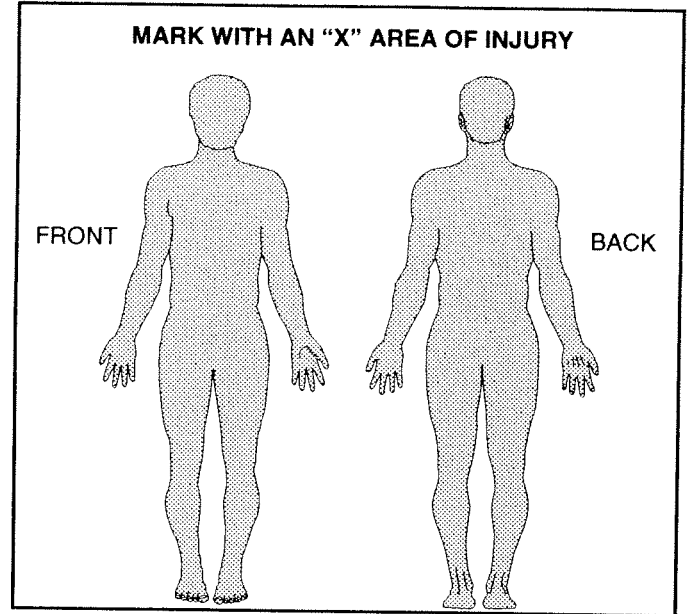
RMHS  WHS  FVEC  OTHER

8. Date of incident \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ am  pm

9. Date reported \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ am  pm

10. Describe area/incident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



(i.e. finger, ankle, left or right, front, back, blow, jam, twist, length of cut, size of discoloration)

11. a. How the incident occurred \_\_\_\_\_

b. Where (specific location) \_\_\_\_\_ Reported by: Injured  Witness

c. Specific activity involved: Classroom  PE  Sport  Other

12. Name of school authority supervising \_\_\_\_\_

13. Care given \_\_\_\_\_  
(i.e. cleansed, bandaged, ace, ice, crutches)

14. Disposition: Resume activity or class  Released to parent  Discipline

To doctor with parents  Medical follow-up advised  911 called

15. Parent notified: Yes  No  Time of notification \_\_\_\_ am  pm  By \_\_\_\_\_  
(name/title)

Comments \_\_\_\_\_

16. Additional pertinent information \_\_\_\_\_

17. Possible witnesses \_\_\_\_\_ 18. Photo(s) taken \_\_\_\_\_

Involved person's signature \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_  
(school representative or employee)