# ACCIDENT / INCIDENT / INJURY FORM

This form must be completed by an authorized District 120 staff member and submitted to the school nurse as soon as possible following the accident, incident, or injury. Please complete all applicable sections and provide accurate, detailed information.

| INJURED PARTY INFORMATION | |
|---|---|
| Name | Home Address |
| Telephone Number | Age |

| DESCRIPTION OF ACCIDENT / INCIDENT / INJURY | |
|---|---|
| Date of Accident / Incident: | Time of Accident / Incident: AM / PM |
| Witness 1 Name: | Witness 2 Name: |
| Witness 1 Telephone Number: | Witness 2 Telephone Number: |

**PLEASE CHECK ALL THAT APPLY**

| DURING SCHOOL DAY | AWAY FROM SCHOOL | NOTIFICATION |
|---|---|---|
| ☐ On School Property | ☐ During School Activity | ☐ School Nurse |
| ☐ During School Hours | ☐ Traveling to School | ☐ Parents/Guardians |
| ☐ During Lunch Period | ☐ Traveling from School | ☐ Principal or Asst. Principal |
| ☐ In Hallway | ☐ In MHS Minibus or Van | ☐ School Security |
| ☐ On Stairs | ☐ In School Bus | ☐ Police |
| ☐ In Classroom | ☐ In School Chartered Bus | ☐ Athletic Department |
| ☐ In Gym | ☐ At Another School | ☐ Ambulance |
| ☐ On Athletic Field | ☐ In Illinois | ☐ Athletic Trainer |
| ☐ In Lockeroom | ☐ Outside Illinois | |

**PLEASE DESCRIBE THE NATURE OF THE ACCIDENT / INCIDENT / INJURY** (continue on other side if needed)

**SCHOOL NURSE OR TRAINER RECOMMENDATIONS** (if applicable)

_____ _____

**Injured Party's Signature** **Date**

When completed please send this form to the Office of Human Resource Management, 470 North Lake Street, Mundelein, IL 60060 or electronically at HR@D120.org.