



**MUNDELEIN
HIGH SCHOOL**

MUNDELEIN HIGH SCHOOL INCIDENT/ACCIDENT REPORT

*This form is to be completed by authorized school personnel only and given to the Nurse ASAP.
Students and parents are not to use this form. Nurse will make copy for Business Manager.*

Information:

Name of Victim/Student: _____

Phone: _____

Address: _____

Age/Grade: _____

Date of Incident/Accident: _____

Juvenile: Yes No

Time of Incident/Accident: _____ AM _____ PM

Location: _____

Description of Incident/Accident:

Nature of Injury: _____

Supervisor at time of the incident/accident: _____

Incident/Accident Witness by: _____

Narrative: Please include all known details of incident/accident (continue on 2nd page if necessary)

PLEASE CHECK ALL THAT APPLY:

At School

- On school property
- School hours
- Social activity
- Lunch period
- Spectator
- Sponsored activity
- In class
- Passing time

Away from School

- School supervised activity
- Engaged in school activity
- Activity of a social nature
- Traveling to school
- Traveling from school
- In school-operated bus
- In school chartered bus
- In school van

Athletics

- Practice
- Participation
- Intramurals
- Interscholastic
- Physical Education
- Activity
- Other

Notification

- Parents
- Nurse
- Emergency room
- Own doctor
- Rescue squad
- Other

Name of Sport _____

If Available: Nurse's recommendation and signature:

Staff Signature

Date

Narrative: Please include all known details of incident/accident (continued from page 1 if necessary)

Other Parties Involved: (please list)

Arrest made: Yes No