TOWNSHIP HIGH SCHOOL DISTRICT 214 INCIDENT REPORT
Complete this form and return it to the school nurse or your supervisor within 24 hours.

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 ___________________________

   Comments ___________________________

16. Additional pertinent information ___________________________

17. Possible witnesses ___________________________

18. Photo(s) taken ___________________________

Involved person’s signature ___________________________

Signature ___________________________ Title ___________________________

(school representative or employee)

White: Nurse  Canary: Assoc Principal/Admin  Pink: Athletic Trainer  Goldenrod: Supervisor on line 12  Form 423, revised 01/06